

# 4112 Baseline & Q320 Template Screen Shots for Clearance

## Baseline Screenshots

### User Instructions

☰ CARES Administration Hub

PSP Compliance Request Name: Pegasus Wings - Baseline  
Organization: Pegasus Wings  
Status: In-Progress

PSP Agreement Effective Date: 7/1/2020  
Compliance Due Date: 11/14/2020

Report Quarter: Q2 2020 (Apr 1-Jun 30)

**User Instructions**

Please complete each field providing supporting explanations and documentation (if required) prior to submission.

Recipients have the option to save within each section (e.g., recipient information, headcount & compensation, severance) and complete the report at a later date.

Any modifications made, after submission and prior to the reporting deadline date, require the recipient to recertify and resubmit reporting data.

Please review and update your contact information to include a secondary and alternate contact. Additional instructions can be found by hovering over the Help icons or in the FAQs.

OMB Control Number: 1505-0263  
OMB Expiration Date: 10/31/2020  
PRA Burden Statement:  
The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is two hours per response for applications/agreements and four hours for reporting/recordkeeping. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1750 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

Compliance Supplemental Information

### Headcount & Compensation

☰ CARES Administration Hub

PSP Compliance Request Name: Pegasus Wings - Baseline  
Organization: Pegasus Wings  
Status: In-Progress

PSP Agreement Effective Date: 7/1/2020  
Compliance Due Date: 11/14/2020

Report Quarter: Q2 2020 (Apr 1-Jun 30)

**Employee Wages and Salaries - Q2 2020 (Apr 1- Jun 30)**

Total Employee Wages Paid: \$600,000.00  
Total Employee Salaries Paid: \$8,000,000.00

Total Employee Wages and Salaries Paid: \$8,600,000.00

**Employee Benefits - Q2 2020 (Apr 1- Jun 30)**

Total Benefits Paid - Hourly Employees: \$45,000.00  
Total Benefits Paid - Salary Employees: \$3,000,000.00

Total Benefits Paid: \$3,045,000.00  
Total Employee Wages, Salaries & Benefits Paid: \$11,645,000.00

**Employee Headcount - Q3 2020 (Jul 1- Sep 30)**

Total Number of Involuntary Terminations or Furloughs DURING the third quarter BEFORE the PSP Agreement Effective Date: 0

Save

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## Executive Compensation

PSP Compliance Request Name	Pegasus Wings - Baseline	PSP Agreement Effective Date	7/1/2020
Organization	Pegasus Wings	Compliance Due Date	11/14/2020
Status	In-Progress	Report Quarter	Q2 2020 (Apr 1-Jun 30)

- User Instructions
- Definitions
- Recipient Information
- Headcount & Compensation
- Executive Compensation**
- Document Uploads
- Certification & Submission

### High Income Employees and Corporate Officers of the Recipient and Its Affiliates

Total Number of Corporate Officers and Employees who were paid more than \$425,000 in Total Compensation in Calendar Year 2019

  

Total Number of Corporate Officers and Employees whose 2019 Total Compensation exceeded \$3 million

# 4112 Baseline & Q320 Template Screen Shots for Clearance

## Document Uploads

**CARES Administration Hub**

PSP Compliance Request Name	Pegasus Wings - Baseline	PSP Agreement Effective Date	7/1/2020
Organization	Pegasus Wings	Compliance Due Date	11/14/2020
Status	In-Progress	Report Quarter	Q2 2020 (Apr 1-Jun 30)

**IRS Form 941 - Employer's Quarterly Federal Tax Return**

Please submit the Form 941 (or IRS-acceptable equivalent) submitted to the Internal Revenue Service for the Report Quarter in a PDF format.

Upload Required Doc(s)

[Upload Files](#) Or drop files

Title	Upload Date	Download File
Sample doc	Oct 9, 2020	<a href="#">Download File</a>

OR

Check box if NOT required to submit IRS Form 941

Using information from the Form 941 (or IRS-acceptable equivalent), please complete the following:

Number of Employees (Line 1)	750	Wages, Tips and Other Compensation (Line 2)	\$8,600,000.00
Business Closed (Line 17)	No	Seasonal (Line 18)	No

**Financial Statements & Information**

Do you file through EDGAR with the SEC?

No

Financial information upload includes: 1) income statement; 2) balance sheet; 3) statement of cash flow; 4) notes to financial statement; and 5) name and address of auditor/reviewer of statements

[Upload Files](#) Or drop files

Title	Upload Date	Download File
Sample doc	Oct 9, 2020	<a href="#">Download File</a>

Did you upload an Income Statement? Yes

Did you upload a Balance Sheet? Yes

Did you upload a Statement of Cash Flow? Yes

Did you upload Notes to Financial Statements? Yes

Did you upload a name and address of auditor/reviewer of statements? Yes

If you answered "No" to any questions above, please provide an explanation.

If you would like to provide explanations or greater detail to any of your responses, please upload a pdf.

If you would like to claim that any information provided with this report is customarily kept private or closely-held, please identify the information on a pdf and upload.

Upload Required Doc(s)

[Upload Files](#) Or drop files

Title	Upload Date	Download File
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[Save](#)

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## Certification & Submission

User Instructions	Any modifications made, after submission and prior to the reporting deadline date, require the recipient to recertify and resubmit reporting data.
Definitions	
Recipient Information	Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient?
Headcount & Compensation	Yes
Executive Compensation	
Document Uploads	This certification is delivered by Pegasus Wings to the Department of the Treasury (Treasury) in connection with the Payroll Support Program Agreement (PSP Agreement) between Pegasus Wings and Treasury under Division A, Title IV, Subtitle B of the Coronavirus Aid, Relief and Economic Security Act. Capitalized terms used but not defined herein have the meanings set forth in the PSP Agreement.
Certification & Submission	<p>The undersigned is an authorized representative of the Signatory Entity with authority to make the following representations on behalf of the Recipient.</p> <p>Yes</p> <p>I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, and not in my individual capacity, that the Recipient has continuously maintained effective internal controls to prevent, detect, and report violations of the terms and conditions of the PSP Agreement between the Effective Date and September 30, 2020.</p> <p>I attest to this certification. If no, I do not attest, please upload explanation below.</p> <p>Yes</p> <p>I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, and not in my individual capacity, that the data, documents, and other information submitted with this certification are true and correct and do not contain any materially false, fictitious, or fraudulent statement, nor any concealment or omission of any material fact.</p> <p>I attest to this certification. If no, I do not attest, please upload explanation below.</p> <p>Yes</p> <p>I make these certifications after reasonable inquiry of people, systems, and other information available to the Recipient. I acknowledge</p>

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## Quarter 3 Template changes

### User Information

CARES Administration Hub

PSP Compliance Request Name	Pegasus Wings - Quarter 3 2020	PSP Agreement Effective Date	7/1/2020
Organization	Pegasus Wings	Compliance Due Date	11/14/2020
Status	In-Progress	Report Quarter: Q3 2020 (Jul 1-Sep 30)	

#### User Instructions

- Definitions
- Recipient Information
- Headcount & Compensation
- Severance / Dividends
- Document Uploads
- Certification & Submission

#### User Instructions

Please complete each field providing supporting explanations and documentation (if required) prior to submission.

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Please review and update your contact information to include a secondary and alternate contact. Additional instructions can be found by hovering over the Help icons or in the [FAQs](#).

OMB Control Number: 1505-Q263  
OMB Expiration Date: 10/31/2020  
PRA Burden Statement:

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is two hours per response for applications/agreements and four hours for reporting/recordkeeping. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1750 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

### Employee Headcount

User Instructions

Definitions

Recipient Information

Headcount & Compensation

Severance / Dividends

Document Uploads

Certification & Submission

Employee Headcount Employee Wages, Salaries & ... Additional Compensation

**Employee Headcount**

Total Number of Employees at START of the Report Quarter	Total Number of Permitted Terminations or Furloughs DURING the Report Quarter
750	8
Total Number of new hires DURING the Report Quarter	Total Number of Involuntary Terminations or Furloughs DURING the Report Quarter AFTER the PSP Agreement Effective Date
3	4

For each employee involuntarily terminated or furloughed during the Report Quarter and after the PSP Agreement Effective date, Treasury requires that you provide additional information, including:

1. Reasons for terminating each employee; and
2. Date each employee was terminated; and
3. Identification of each employee hired back; and
4. The total amount of forgone compensation (Salary, Wages and Benefits) each employee would have received from the termination date through the end of the Report Quarter had such employee remained employed; and
5. Number of months and dollar amount of severance, if any.

\*If the number of involuntary terminations or furloughs is not zero, please upload an explanation

Upload Required Doc(s)

Upload Files Or drop files

Title	Upload Date	Download File
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## Employee Wages

- User Instructions
- Definitions
- Recipient Information
- Headcount & Compensation
- Severance / Dividends
- Document Uploads
- Certification & Submission

✓

Employee Wages, Salaries & ...

Additional Compensation

### Employee Wages and Salaries

**Total Employee Wages Paid**  
\$600,000.00

**Total Employee Salaries Paid**  
\$8,000,000.00

**Total Employee Wages and Salaries Paid**  
\$8,600,000.00

### Employee Benefits

**Total Benefits Paid - Hourly Employees**  
\$45,000.00

**Total Benefits Paid - Salary Employees**  
\$3,000,000.00

**Total Benefits Paid**  
\$3,045,000.00

**Total Employee Wages, Salaries & Benefits Paid**  
\$11,645,000.00

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## Additional Compensation

- User Instructions
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✓

Additional Compensation

### Payroll Support Program Use of Funds

**Total Amount of Payroll Support Spent during the Report Quarter**  
\$860,000.00

**Total Amount of Payroll Support Funds Spent on Expenses other than Salary, Wages and Benefits during the Report Quarter**  
\$0.00

If (a) the Total Amount of Payroll Support Spent is greater than Total Employee Wages, Salaries, and Benefits or (b) Total Amount of Payroll Support Funds Spent on Expenses other than Salary, Wages and Benefits this Quarter is greater than Zero, please upload an explanation which must include an itemized list of expenses.

Upload Required Doc(s)

Upload Files
Or drop files

<input type="checkbox"/> Title	<input type="checkbox"/> Upload Date	<input type="checkbox"/> Download File
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### Additional Employee Compensation Information

Number of Employees earning a Salary whose Pay Rate was reduced, without their consent, during the Report Quarter and after the PSP Agreement Effective Date, not as a result of Termination or Furlough.

Number of Employees earning a Wage whose Pay Rate was reduced, without their consent, during the Report Quarter and after the PSP Agreement Effective Date, not as a result of Termination or Furlough.

Number of Employees whose Benefits were reduced, without their consent, during the Report Quarter and after the PSP Agreement Effective Date, not as a result of Termination or Furlough.

If the response to any of the questions in the Additional Employee Compensation Information is not zero, please upload an explanation

Upload Required Doc(s)

Upload Files
Or drop files

<input type="checkbox"/> Title	<input type="checkbox"/> Upload Date	<input type="checkbox"/> Download File
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## Severance /Dividends

User Instructions
Definitions
Recipient Information
Headcount & Compensation
<b>Severance / Dividends</b>
Document Uploads
Certification & Submission

**Employees and Corporate Officers whose Total Compensation in calendar year 2019 exceeded \$425,000**

Enter the number of such Employees and Corporate Officers who received Severance Pay or Other Benefits after March 24, 2020 that exceeded twice their 2019 Total Compensation

4

If the number of such Employees and Corporate Officers is not zero, please upload an explanation.  
For each Employee and Corporate Officer who received Severance Pay or Other Benefits after March 24, 2020, that exceeded twice their 2019 Total Compensation, Treasury **requires** that you provide additional information, including:

1. Reasons for Severance Pay or Other Benefits for each employee; and
2. Date each employee received Severance Pay or Other Benefits; and
3. 2019 Total Compensation for each employee; and
4. Total amount of Severance each employee received.

Upload Required Doc(s)

[Upload Files](#) Or drop files

Title	Upload Date	Download File
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**Dividends & Buybacks**

Has the recipient purchased an equity security of the recipient/parent company listed on a national securities exchange since the PSP Agreement Effective Date?

If yes, please upload an explanation that includes the number of shares, the dollar amount and the date of the transaction.

Upload Required Doc(s)

[Upload Files](#) Or drop files

Title	Upload Date	Download File
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Has the recipient paid dividends, or made any other capital distributions, with respect to the Recipient's common stock (or equivalent equity interest) since the PSP Agreement Effective Date?

If yes, please upload an explanation that includes the dollar amount and the date of the transaction.

Upload Required Doc(s)

[Upload Files](#) Or drop files

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## Document Uploads

User Instructions	<h3>IRS Form 941 - Employer's Quarterly Federal Tax Return</h3> <p>Please submit the Form 941 (or IRS-acceptable equivalent) submitted to the Internal Revenue Service for the Report Quarter in a PDF format.</p> <p>Upload Required Doc(s)</p> <p><a href="#">Upload Files</a> Or drop files</p> <table border="1"><thead><tr><th><input type="checkbox"/> Title</th><th>Upload Date</th><th>Download File</th></tr></thead><tbody><tr><td><input type="checkbox"/> Sample doc</td><td>Oct 9, 2020</td><td><a href="#">Download File</a></td></tr></tbody></table> <p>OR</p> <p><input checked="" type="radio"/> Check box if NOT required to submit IRS Form 941 <input type="checkbox"/></p> <p>Using information from the Form 941 (or IRS-acceptable equivalent), please complete the following:</p> <p>Number of Employees (Line 1) <input type="text"/> Wages, Tips and Other Compensation (Line 2) <input type="text"/></p> <p>Business Closed (Line 17) <input type="text"/> Seasonal (Line 18) <input type="text"/></p> <h4>Financial Statements &amp; Information</h4> <p><input checked="" type="radio"/> Do you file through EDGAR with the SEC?</p> <p><input type="text"/> No</p> <p>Financial information upload includes: 1) income statement; 2) balance sheet; 3) statement of cash flow; 4) notes to financial statement; and 5) name and address of auditor/reviewer of statements</p> <p>Upload Required Doc(s)</p> <p><a href="#">Upload Files</a> Or drop files</p> <table border="1"><thead><tr><th><input type="checkbox"/> Title</th><th>Upload Date</th><th>Download File</th></tr></thead><tbody><tr><td><input type="checkbox"/> Sample doc</td><td>Oct 9, 2020</td><td><a href="#">Download File</a></td></tr></tbody></table> <p>Did you upload an Income Statement? <input type="text"/> Yes</p> <p>Did you upload a Balance Sheet? <input type="text"/> Yes</p> <p>Did you upload a Statement of Cash Flow? <input type="text"/> Yes</p> <p>Did you upload Notes to Financial Statements? <input type="text"/> Yes</p> <p>Did you upload a name and address of auditor/reviewer of statements? <input type="text"/> Yes</p> <p>If you answered "No" to any questions above, please provide an explanation.</p> <div style="border: 1px solid gray; height: 20px;"></div> <p><input checked="" type="radio"/> If you would like to provide explanations or greater detail to any of your responses, please upload a pdf.</p> <p>If you would like to claim that any information provided with this report is customarily kept private or closely-held, please identify the information on a pdf and upload.</p> <p>Upload Required Doc(s)</p> <p><a href="#">Upload Files</a> Or drop files</p> <table border="1"><thead><tr><th><input type="checkbox"/> Title</th><th>Upload Date</th><th>Download File</th></tr></thead><tbody></tbody></table>	<input type="checkbox"/> Title	Upload Date	Download File	<input type="checkbox"/> Sample doc	Oct 9, 2020	<a href="#">Download File</a>	<input type="checkbox"/> Title	Upload Date	Download File	<input type="checkbox"/> Sample doc	Oct 9, 2020	<a href="#">Download File</a>	<input type="checkbox"/> Title	Upload Date	Download File
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Certification & Submission																



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## Certification & Submissions

USER ID: 1101101010	Any modifications made, after submission and prior to the reporting deadline date, require the recipient to recertify and resubmit reporting data.
Definitions	
Recipient Information	Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient?
Headcount & Compensation	Yes
Severance / Dividends	
Document Uploads	This certification is delivered by Pegasus Wings to the Department of the Treasury (Treasury) in connection with the Payroll Support Program Agreement (PSP Agreement) between Pegasus Wings and Treasury under Division A, Title IV, Subtitle B of the Coronavirus Aid, Relief and Economic Security Act. Capitalized terms used but not defined herein have the meanings set forth in the PSP Agreement.
Certification & Submission	<p>The undersigned is an authorized representative of the Signatory Entity with authority to make the following representations on behalf of the Recipient.</p> <p>I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, and not in my individual capacity, that the Recipient has been in continuous compliance with the terms and conditions of the PSP Agreement between the date of execution by both parties of the PSP Agreement (the Effective Date) and September 30, 2020.</p> <p>I attest to this certification. If no, I do not attest, please upload explanation below.</p> <p>Yes</p> <p>I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, and not in my individual capacity, that the Recipient has continuously maintained effective internal controls to prevent, detect, and report violations of the terms and conditions of the PSP Agreement between the Effective Date and September 30, 2020.</p> <p>I attest to this certification. If no, I do not attest, please upload explanation below.</p> <p>Yes</p> <p>I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, and not in my individual capacity, that the data, documents, and other information submitted with this certification are true and correct and do not contain any materially false, fictitious, or fraudulent statement, nor any concealment or omission of any material fact.</p> <p>I attest to this certification. If no, I do not attest, please upload explanation below.</p> <p>Yes</p> <p>I make these certifications after reasonable inquiry of people, systems, and other information available to the Recipient. I acknowledge</p>