

# 4112 Screenshots

## User Instructions

PSP Compliance Request Name	Q1-4112 Only Contractor	PSP Agreement Effective Date	7/6/2020
Organization	Sky Dimples	PSP2 Agreement Effective Date	5/14/2021
Status	In-Progress	Compliance Due Date	6/7/2021
		Report Quarter	Q1 2021 (Jan 1-Mar 31)

  

<b>User Instructions</b>	<b>User Instructions</b>
Definitions	Please complete each field providing supporting explanations and documentation (if required) prior to submission.
Recipient Information	Recipients have the option to save within each section (e.g., Recipient Information, Headcount & Compensation, etc.) and complete the report at a later date.
Headcount & Compensation	Clicking the "submit" button will finalize Recipient input and not allow any further modifications after the reporting deadline. Any modifications made, after submission and prior to the reporting deadline date, require the recipient to recertify and resubmit reporting data.
Executive Compensation / Dividends	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 <a href="#">FAQs</a> .
Additional Questions	
Catering	
Document Uploads	
Certification & Submission	

# 4112 Screenshots

## Definitions

User Instructions	<p><b>Definitions</b></p> <p><b>Benefits</b></p> <p>Benefits means, without duplication of any amounts counted as Salary or Wages, pension expenses in respect of Employees, all expenses for accident, sickness, hospital, and death benefits to Employees, and the cost of insurance to provide such benefits; any Severance Pay or Other Benefits payable to Employees pursuant to a bona fide voluntary early retirement program or voluntary furlough; and any other similar expenses paid by the Recipient for the benefit of Employees, including any other fringe benefit expense described in lines 10 and 11 of Financial Reporting Schedule P-6, Form 41, as published by the Department of Transportation, but excluding any Federal, state, or local payroll taxes paid by the Recipient. (PSP Agreement "Definitions")</p> <p><b>Corporate Officers</b></p> <p>Corporate Officers means, with respect to the Recipient, its president; any vice president in charge of a principal business unit, division, or function (such as sales, administration or finance); any other officer who performs a policy-making function; or any other person who performs similar policy making functions for the Recipient. Executive officers of subsidiaries or parents of the Recipient may be deemed Corporate Officers of the Recipient if they perform such policy-making functions for the Recipient. (PSP Agreement "Definitions")</p> <p><b>Employee</b></p> <p>Employee means an individual who is employed by the Recipient and whose principal place of employment is in the United States (including its territories and possessions), including salaried, hourly, full-time, part-time, temporary, and leased employees, but excluding any individual who is a Corporate Officer or independent contractor. (PSP Agreement "Definitions")</p> <p><b>Involuntary Termination or Furlough</b></p> <p>Involuntary Termination or Furlough means the Recipient terminating the employment of one or more Employees or requiring one or more Employees to take a temporary suspension or unpaid leave for any reason, including a shut down or slow-down of business; provided, however, that an Involuntary Termination or Furlough does not include a Permitted Termination or Furlough. (PSP Agreement "Definitions")</p> <p><b>Permitted Termination or Furlough</b></p> <p>Permitted Termination or Furlough means, with respect to an Employee, (1) a voluntary furlough, voluntary leave of absence, voluntary resignation, or voluntary retirement, (2) termination of employment resulting from such Employee's death or disability, or (3) the Recipient terminating the employment of such Employee for cause or placing such Employee on a temporary suspension or unpaid leave of absence for disciplinary reasons, in either case, as reasonably determined by the Recipient acting in good faith. (PSP Agreement "Definitions")</p> <p><b>Returning Employee</b></p> <p>Returning Employee means an Employee of the Recipient who was subject to an Involuntary Termination or Furlough and who has elected to return to employment pursuant to a Recall.</p> <p><b>Salary</b></p> <p>Salary means, without duplication of any amounts counted as Benefits, a fixed regular payment, typically paid on a monthly or biweekly basis but often expressed as an annual sum, as well as cost-of-living differentials, vacation time, paid time off, sick leave, and overtime pay, paid by the Recipient to its Employees, but excluding any Federal, state, or local payroll taxes paid by the Recipient. (PSP Agreement "Definitions")</p> <p><b>Severance Pay or Other Benefits</b></p> <p>Severance Pay or Other Benefits means any severance payment or other similar benefits, including cash payments, health care benefits, perquisites, the enhancement or acceleration of the payment or vesting of any payment or benefit or any other in-kind benefit payable (whether in lump sum or over time, including after March 24, 2020) by the Recipient, or the Borrower and its Affiliates, as applicable, to a Corporate Officer or Employee in connection with any termination of such Corporate Officer's or Employee's employment (including, without limitation, resignation, severance, retirement, or constructive termination), which shall be determined and calculated in respect of any Employee or Corporate Officer of the Recipient or the Borrower, as applicable, in the manner prescribed in 17 C.F.R. 229.402(j) (without regard to its limitation to the five most highly compensated executives and using the actual date of termination of employment rather than the last business day of the Recipient's or Borrower's, as applicable, last completed fiscal year as the trigger event).</p> <p><b>Termination or Furlough</b></p> <p>A "Termination or Furlough" means either an Involuntary Termination or Furlough or a Permitted Termination or Furlough, as those terms are defined in the PSP Agreement.</p> <p><b>Total Compensation</b></p> <p>Total Compensation means compensation including salary, wages, bonuses, awards of stock, and any other financial benefits provided by the Recipient or an Affiliate, as applicable, which shall be determined and calculated for the 2019 calendar year or any applicable 12-month period in respect of any Employee or Corporate Officer of the Recipient in the manner prescribed under paragraph e.5 of the award term in 2 CFR part 170, App. A, but excluding any Severance Pay or Other Benefits in connection with a termination of employment (PSP Agreement "Definitions").</p> <p><b>Wage</b></p> <p>Wage means, without duplication of any amounts counted as Benefits, a payment, typically paid on an hourly, daily, or piecework basis, including cost-of-living differentials, vacation, paid time off, sick leave, and overtime pay, paid by the Recipient to its Employees, but excluding any Federal, state, or local payroll taxes paid by the Recipient. (PSP Agreement "Definitions")</p>
Definitions	
Recipient Information	
Headcount & Compensation	
Executive Compensation / Dividends	
Additional Questions	
Document Uploads	
Certification & Submission	

# 4112 Screenshots

## Recipient Information

User Instructions	<b>Recipient Information</b>			
Definitions	Recipient Name in Agreement	Sky Dimples	Payroll Support Agreement	PSA-2007150166
<b>Recipient Information</b>	Recipient Taxpayer ID	45-098345	PSP 1 Agreement Effective Date	
Headcount & Compensation	Recipient DUNS	582845806	PSP 1 Prorated Awardable Amount	
Executive Compensation / Dividends	Fiscal Year End (Month)	--None--	PSP 1 Amount Paid to Date	
Additional Questions	Payroll Support 2 Agreement	PSAPA-2101210026	Borrower Name	
Catering	PSP 2 Agreement Effective Date		Loan Number	
Document Uploads	PSP 2 Prorated Awardable Amount		Type of Loan	Secured
Certification & Submission	PSP 2 Amount Paid to Date		Date of Loan Agreement	
			Total Loan Amount	\$0.00

# 4112 Screenshots

## Headcount & Compensation – Employee Headcount

User Instructions

Definitions

Recipient Information

**Headcount & Compensation**

Executive Compensation / Dividends

Additional Questions

Document Uploads

Certification & Submission

**Employee Headcount**      Employee Wages, Salaries & Benefits      Additional Compensation

**Employee Headcount**

● Total Number of Employees at START of the Report Quarter

● Total Number of New Hires DURING the Report Quarter. If you are only a PSP2 Recipient, please only include new hires since your PSP 2 Agreement Effective Date.

● Total Number of Permitted Terminations or Furloughs DURING the Report Quarter

● Total Number of Involuntary Terminations or Furloughs DURING the Report Quarter. If you are only a PSP2 Recipient, please only include terminations or furloughs since your PSP 2 Agreement Effective Date.

**Changes in Employee Headcount**

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 or furlough 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 enter an explanation.

**Job Creation and Retention**

Number of jobs created and/or retained during the Report Quarter.\*

1. Only compensated employment in the U.S. or outlying areas should be counted.

\*Please be advised that Treasury and/or the Pandemic Response Accountability Committee (PRAC) may be required to publish the number of jobs that you report – in addition to the amount of payroll support received and expended – on one or more public sites including <https://www.pandemicoversight.gov/> pursuant to section 15011 of the CARES Act (Pub. L. No. 116-136), as amended by Title VIII, Section 801(b) of the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260) on December 27, 2020. In recognition of the diversity within the Payroll Support Program and the inherent difficulty in evaluating alternative financing options faced by employers in a variety of circumstances during the unprecedented pandemic, Treasury is allowing you to determine the basis for estimating the number of jobs created or retained and is not prescribing a single methodology. In one example utilized for the American Recovery and Reinvestment Act, the number of jobs retained is equal to the number of existing positions that were funded by your payroll support award during the quarter, expressed as the total number of hours worked and funded with payroll support within the reporting quarter divided by 40 or the number of hours in a full-time schedule. Recipients should otherwise use their discretion to estimate and where possible rely on payroll records. Please ensure the number reported does not exceed your total headcount reported and that where it does the difference is attributable to headcount versus full-time equivalent calculations or the inclusion of spillover effects for corporate officers or other positions.

# 4112 Screenshots

## Headcount & Compensation – Employee Wages, Salaries, & Benefits

User Instructions

Definitions

Recipient Information

**Headcount & Compensation**

Executive Compensation / Dividends

Additional Questions

Document Uploads

Certification & Submission

Compliance Supplemental Information

Employee Wages, Salaries & Benefits

Additional Compensation

**Employee Wages and Salaries**

Total Employee Wages and Salaries

**Employee Benefits**

Total Employee Benefits

Total Employee Wages, Salaries & Benefits Paid  
\$0.00

Previous Save Next

# 4112 Screenshots

## Headcount & Compensation – Additional Compensation

User Instructions	<div style="text-align: right;"><b>Additional Compensation</b></div> <p><b>Payroll Support Program Use of Funds</b></p> <p>Total Amount of Payroll Support Spent (PSP1) spent during the Report Quarter</p> <input type="text"/>
-------------------	--

# 4112 Screenshots

## Executive Compensation/Dividends

User Instructions

Definitions

Recipient Information

Headcount & Compensation

**Executive Compensation / Dividends**

Additional Questions

Document Uploads

Certification & Submission

### Total Compensation

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.

  

Please enter the total number of Corporate Officers and Employees whose Total Compensation exceeded \$425,000 in 2020.

  

Enter the total number of such Corporate Officers or Employees whose total Compensation during any 12 consecutive months ending during the Report Quarter exceeded their 2019 Total Compensation.

  

Please enter the total number of Corporate Officers and Employees whose Total Compensation exceeded \$3,000,000 in 2020.

  

Enter the number of such Corporate Officers and Employees whose Total Compensation during any 12 consecutive months from the PSP Agreement Effective Date exceeds the sum of \$3,000,000 and 50% of the excess over \$3,000,000.

### Dividends & Buybacks

Has the Recipient purchased an equity security of the Recipient/parent company listed on a national securities exchange DURING the Report Quarter? If you are only a PSP2 Recipient, please only include purchases since your PSP 2 Agreement Effective Date.

--None--

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

Has the Recipient paid dividends, or made any other capital distributions, with respect to the Recipient's common stock (or equivalent equity interest) DURING the Report Quarter? If you are only a PSP2 Recipient, please include dividends or other capital distributions since your PSP 2 Agreement Effective Date.

--None--

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

If yes, was the entity that paid a dividend or made a capital distribution an S-Corp or pass-through entity?

--None--

Was the dividend or capital distribution to cover the owners' tax obligations in respect to the entity's earnings?

--None--

Save

## 4112 Screenshots

### Additional Questions - PSP1 and PSP2 4112 Only Air Carrier (#1)

User Instructions	Your organization reported 0 number of Involuntary Terminations or Furloughs between October 1, 2020 and the PSP2 Agreement Effective Date ("Employees Involuntarily Terminated or Furloughed"). Can you confirm the accuracy of this figure?
Definitions	--None--
Recipient Information	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed within 72 hours of signing the PSP2 Agreement.
Headcount & Compensation	
Executive Compensation / Dividends	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed after 72 hours of signing the PSP2 Agreement.
Additional Questions	Involuntary Termination/Furlough to Recall Notice Difference 0.00
Document Uploads	How many of the Employees Involuntarily Terminated or Furloughed signified their desire to return within the required time period?
Certification & Submission	Were all Returning Employees* rehired within 30 days from confirming their desire to return?
	--None--
	Total Number of Returning Employees rehired within 30 days.
	Unhired Returning Employees 0.00
	Were all Returning Employees compensated for lost Salary, Wages, and Benefits within 30 days after returning to employment?
	--None--
	Were all Returning Employees compensated for all Salary, Wages, and Benefits that they would have earned between December 1, 2020 and the PSP2 Agreement Effective Date?
	--None--
	Total Amount of lost Salary, Wages, and Benefits compensation paid to Returning Employees.
	Did you properly restore all rights to the Returning Employees as if such Returning Employees had not been subject to an Involuntary Termination or Furlough?
	--None--
	If any of the above questions were answered in the negative you must provide an explanation below.
	<a href="#">Save</a>



# 4112 Screenshots

## Additional Questions - PSP1 and PSP2 4112 Contractor (#2)

User Instructions	Your organization reported 0 number of Involuntary Terminations or Furloughs between October 1, 2020 and the PSP2 Agreement Effective Date ("Employees Involuntarily Terminated or Furloughed"). Can you confirm the accuracy of this figure?
Definitions	--None--
Recipient Information	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed within 72 hours of signing the PSP2 Agreement.
Headcount & Compensation	
Executive Compensation / Dividends	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed after 72 hours of signing the PSP2 Agreement.
Additional Questions	
Catering	Involuntary Termination/Furlough to Recall Notice Difference 0.00
Document Uploads	How many of the Employees Involuntarily Terminated or Furloughed signified their desire to return within the required time period?
Certification & Submission	Were all Returning Employees* rehired within 30 days from confirming their desire to return?
	--None--
	Total Number of Returning Employees rehired within 30 days.
	Unhired Returning Employees 0.00
	Were all Returning Employees compensated for lost Salary, Wages, and Benefits within 30 days after returning to employment?
	--None--
	Were all Returning Employees compensated for all Salary, Wages, and Benefits that they would have earned between December 27, 2020 and the PSP2 Agreement Effective Date?
	--None--
	Total Amount of lost Salary, Wages, and Benefits compensation paid to Returning Employees.
	Did you properly restore all rights to the Returning Employees as if such Returning Employees had not been subject to an Involuntary Termination or Furlough?
	--None--
	If any of the above questions were answered in the negative you must provide an explanation below.
	<a href="#">Save</a>

## 4112 Screenshots

### Additional Questions - PSP2 4112 Only Air Carrier (#3)

User Instructions	Your organization reported 0 number of Involuntary Terminations or Furloughs between March 27, 2020 and the PSP2 Agreement Effective Date ("Employees Involuntarily Terminated or Furloughed"). Can you confirm the accuracy of this figure?
Definitions	--None--
Recipient Information	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed within 72 hours of signing the PSP2 Agreement.
Headcount & Compensation	12
Executive Compensation / Dividends	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed after 72 hours of signing the PSP2 Agreement.
	50
Additional Questions	Involuntary Termination/Furlough to Recall Notice Difference
	-62.00
Document Uploads	How many of the Employees Involuntarily Terminated or Furloughed signified their desire to return within the required time period?
	50
Certification & Submission	Were all Returning Employees* rehired within 30 days from confirming their desire to return?
	Yes
	Total Number of Returning Employees rehired within 30 days.
	20
	Unhired Returning Employees
	30.00
	Please upload an explanation if there is a discrepancy between the Total Number of Employees who signified their desire to return within 14 days and the Total Number of Returning Employees rehired within 30 days.
	Upload Required Doc(s)
	<a href="#">Upload Files</a> Or drop files
	Were all Returning Employees compensated for lost Salary, Wages, and Benefits within 30 days after returning to employment?
	Yes
	Were all Returning Employees compensated for all Salary, Wages, and Benefits that they would have earned between December 1, 2020 and the PSP2 Agreement Effective Date?
	--None--
	Total Amount of lost Salary, Wages, and Benefits compensation paid to Returning Employees.
	50,000
	Did you properly restore all rights to the Returning Employees as if such Returning Employees had not been subject to an Involuntary Termination or Furlough?
	--None--
	If any of the above questions were answered in the negative you must provide an explanation below.
	<input type="text"/>
	<input type="button" value="Save"/>

## 4112 Screenshots

### Additional Questions - PSP2 4112 Contractor (#4)

User Instructions	Your organization reported 0 number of Involuntary Terminations or Furloughs between March 27, 2020 and the PSP2 Agreement Effective Date ("Employees Involuntarily Terminated or Furloughed"). Can you confirm the accuracy of this figure?
Definitions	--None--
Recipient Information	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed within 72 hours of signing the PSP2 Agreement.
Headcount & Compensation	
Executive Compensation / Dividends	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed after 72 hours of signing the PSP2 Agreement.
<b>Additional Questions</b>	Involuntary Termination/Furlough to Recall Notice Difference 0.00
Catering	How many of the Employees Involuntarily Terminated or Furloughed signified their desire to return within the required time period?
Document Uploads	
Certification & Submission	Were all Returning Employees* rehired within 30 days from confirming their desire to return?
	--None--
	Total Number of Returning Employees rehired within 30 days.
	Unhired Returning Employees 0.00
	Were all Returning Employees compensated for lost Salary, Wages, and Benefits within 30 days after returning to employment?
	--None--
	Were all Returning Employees compensated for all Salary, Wages, and Benefits that they would have earned between December 27, 2020 and the PSP2 Agreement Effective Date?
	--None--
	Total Amount of lost Salary, Wages, and Benefits compensation paid to Returning Employees.
	Did you properly restore all rights to the Returning Employees as if such Returning Employees had not been subject to an Involuntary Termination or Furlough?
	--None--
	If any of the above questions were answered in the negative you must provide an explanation below.
	<input type="button" value="Save"/>

## 4112 Screenshots

### Catering (yes for both scenarios)

User Instructions	<p>Are you or any of your affiliates a catering contractor?</p> <p>Yes</p> <p>Did you or your affiliate(s) report PSP1 funds expended through March 31, 2021?</p> <p>Yes</p> <p>Of the total amount of funds that Sky Dimples received from Treasury in PSP 1, the amount that had not been expended was:</p> <p></p>
Definitions	
Recipient Information	
Headcount & Compensation	
Executive Compensation / Dividends	
Additional Questions	
<b>Catering</b>	
Document Uploads	
Certification & Submission	

### Catering (“Yes” selected for catering contractor with “no” for PSP1 report)

User Instructions	<p>Are you or any of your affiliates a catering contractor?</p> <p>Yes</p> <p>Did you or your affiliate(s) report PSP1 funds expended through March 31, 2021?</p> <p>No</p> <p>If No, please upload the following:</p> <ol style="list-style-type: none"><li>1. The name of each entity (Recipient and Affiliates) that performed catering functions.</li><li>2. For each entity, the total PSP1 funds expended through March 31, 2021.</li><li>3. The amount of PSP1 funds that not been expended as of April 30, 2021.</li></ol> <p>Upload Required Doc(s)</p> <p><a href="#">Upload Files</a> Or drop files</p>
Definitions	
Recipient Information	
Headcount & Compensation	
Executive Compensation / Dividends	
Additional Questions	
<b>Catering</b>	
Document Uploads	
Certification & Submission	

## 4112 Screenshots

### Catering (“No” selected as catering contractor)

The screenshot displays a web form with a sidebar on the left and a main content area on the right. The sidebar contains the following menu items: **User Instructions**, Definitions, Recipient Information, Headcount & Compensation, Executive Compensation / Dividends, Additional Questions, **Catering**, Document Uploads, and Certification & Submission. The 'Catering' item is highlighted with a blue vertical bar. The main content area contains the question "Are you or any of your affiliates a catering contractor?" followed by a dropdown menu with "No" selected.

<b>User Instructions</b>	Are you or any of your affiliates a catering contractor?
Definitions	<input type="text" value="No"/>
Recipient Information	
Headcount & Compensation	
Executive Compensation / Dividends	
Additional Questions	
<b>Catering</b>	
Document Uploads	
Certification & Submission	

# 4112 Screenshots

## Document Uploads

User Instructions

Definitions

Recipient Information

Headcount & Compensation

Executive Compensation / Dividends

Additional Questions

Catering

**Document Uploads**

Certification & Submission

### 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

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)	Business Closed (Line 17)
<input type="text"/>	--None--
Wages, Tips and Other Compensation (Line 2)	Seasonal (Line 18)
<input type="text"/>	--None--

### Financial Statements & Information

Do you file through EDGAR with the SEC?

--None--

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 Required Doc(s)

[Upload Files](#) Or drop files

If any of the five required documents are not available for upload, please provide an explanation.

Did you upload an Income Statement?	Did you upload a Balance Sheet?
--None--	--None--
Did you upload a Statement of Cash Flow?	Did you upload Notes to Financial Statements?
--None--	--None--
Did you upload a name and address of auditor/reviewer of statements?	
--None--	

If you would like to provide explanations or greater detail to any of your responses, please enter explanation here.

[Save](#)

## 4112 Screenshots

### Certification & Submission (“Yes” selected for authorized representative, with “No” for each attestation)

User Instructions
Definitions
Recipient Information
Headcount & Compensation
Executive Compensation / Dividends
Additional Questions
Document Uploads
<b>Certification &amp; Submission</b>

Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient?  
Yes

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 Subtitle A of Title IV of Division N of the Consolidated Appropriations Act, 2021 (PSP Extension Law). Capitalized terms used but not defined herein have the meanings set forth in the PSP Agreement.

The undersigned is an authorized representative of the Signatory Entity with authority to make the following representations on behalf of the Recipient.

I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, that the Recipient has been in continuous compliance with the terms and conditions of the PSP Agreements between the date of execution by both parties of the PSP Agreement (the Effective Date) and March 30, 2021.

I attest to this certification. If no, I do not attest, please upload explanation below.

No

Upload Required Doc(s)  
[Upload Files](#) Or drop files

I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, that the Recipient has continuously maintained effective internal controls to prevent, detect, and report violations of the terms and conditions of the PSP Agreements between the Effective Date and March 30, 2021.

I attest to this certification. If no, I do not attest, please upload explanation below.

No

Upload Required Doc(s)  
[Upload Files](#) Or drop files

I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, 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.

I attest to this certification. If no, I do not attest, please upload explanation below.

No

Upload Required Doc(s)  
[Upload Files](#) Or drop files

I make these certifications after reasonable inquiry of people, systems, and other information available to the Recipient. I acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of material fact) in this certification may be the subject of criminal prosecution and also may subject the Recipient to civil penalties and/or administrative remedies for false claims or otherwise.

**Authorized Representative Name:**  
PAUL CHEAKALOS

**Authorized Representative Title:**

[Submit](#)

## 4112 Screenshots

### Certification & Submission (“No” selected for authorized representative)

- User Instructions
- Definitions
- Recipient Information
- Headcount & Compensation
- Executive Compensation / Dividends
- Additional Questions
- Document Uploads
- Certification & Submission**

Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient?

No

Please download the following certification, and have it signed by an authorized representative of the Signatory Entity:

[Certification Download](#)

Please upload the signed certification below in order to submit.

Upload Required Doc(s)

[Upload Files](#) Or drop files

[Submit](#)



## **PAYROLL SUPPORT PROGRAM**

### **Quarterly Compliance Certification**

Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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.

The undersigned is an authorized representative of the Signatory Entity with authority to make the following representations on behalf of the Recipient.

I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, 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 March 30, 2020.

I attest to this certification. If no, I do not attest, please upload explanation below.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, 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 March 30, 2020.

I attest to this certification. If no, I do not attest, please upload explanation below.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, 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.

I attest to this certification. If no, I do not attest, please upload explanation below.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I make these certifications after reasonable inquiry of people, systems, and other information available to the Recipient. I acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of material fact) in this certification may be the subject of criminal prosecution and also may subject the Recipient to civil penalties and/or administrative remedies for false claims or otherwise.

**Authorized Representative Name:** \_\_\_\_\_

**Authorized Representative Title:** \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_