

Quarter 4 Template

Header displayed on every page

 CARES Administration Hub

PSP Compliance Request Name	Emily Charter - Quarter 4 Test 1	PSP Agreement Effective Date	11/1/2020
Organization	Emily Charter	Compliance Due Date	3/31/2021
Status	In-Progress		

Report QuarterQ4 2020 (Oct 1-Dec 31)

Page: User Instructions

Sample of full page with header. Navigation in the left sidebar of the body.

 CARES Administration Hub

PSP Compliance Request Name	Pegasus Wings - Quarter 4 2020	PSP Agreement Effective Date	7/1/2020
Organization	Pegasus Wings	Compliance Due Date	3/31/2021
Status	In-Progress		

Report QuarterQ4 2020 (Oct 1-Dec 31)

User Instructions

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Severance / Dividends

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Certification & Submission

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.

Clicking the "submit" button will finalize Recipient input and not allow any further modifications for the reporting period. If a Recipient needs to modify compliance data after submission, please contact Treasury directly at CaresActCompliance@Treasury.gov and place "Modify Submitted Compliance Data" in the subject line. Please include the Payroll Support Application Number in the message.

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](#).

Compliance Supplemental Information

 PSP Compliance Contacts (0)

New

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	Definitions Benefits 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") Corporate Officers 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") Employee 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") Involuntary Termination or Furlough 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") Permitted Termination or Furlough 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") Salary 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") Severance Pay or Other Benefits 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, 2022) by the Recipient 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 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 last completed fiscal year as the trigger event). Termination or Furlough 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. Total Compensation 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") Wage 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")

Page: Recipient Information

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Recipient Information

PSP Agreement Effective Date7/1/2020

Fiscal Year End (Month)--None--

Recipient Name in AgreementPegasus Wings

Primary NAICS488190

Recipient Taxpayer ID34534003

Additional NAICS (1)

Recipient DUNS582843207

Additional NAICS (2)

Payroll Support Application #PSA-2007100060

Additional NAICS (3)

Prorated Awardable Amount\$6,000.00

Amount Paid to Date\$0.00

Save

Page: Employee Headcount

User Instructions

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Certification & Submission

Employee Headcount

Employee Wages, Salaries & Bene...

Additional Compensation

Employee Headcount

Total Number of Employees at START of the Report Quarter53

Total Number of Permitted Terminations or Furloughs DURING the Report Quarter1

Total Number of new hires DURING the Report Quarter7

Total Number of Involuntary Terminations or Furloughs DURING the Report Quarter AFTER the PSP Agreement Effective Date4

Changes in Employee Headcount2

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:

- Reasons for terminating each employee; and
- Date each employee was terminated; and
- Identification of each employee hired back; and
- 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
- 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.

SaveNext

Page: Employee Wages, Salaries & Benefits

User Instructions	✓ Employee Wages, Salaries & Bene... Additional Compensation Employee Wages and Salaries Total Employee Payroll Employee Benefits Total Employee Benefits Total Employee Wages, Salaries & Benefits Paid \$0.00 Previous Save Next
Definitions	
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Page: Additional Compensation

User Instructions	✓ ✓ Additional Compensation Payroll Support Program Use of Funds Total Amount of Payroll Support Spent during the Report Quarter Total Amount of Payroll Support Spent on expenses other than Salary, Wages and Benefits during the Report Quarter Please review your answers for PSP Spent for each quarter. If you need to correct the data provided for Q2 or Q3, please do so below and enter an explanation. <table><tr><td>Reported PSP Spent for Q2 No Q2 PSP Funds Spent was found.</td><td>Reported PSP Spent for Q3 No Q3 PSP Funds Spent was found.</td></tr><tr><td>Edit Q2 PSP Spent</td><td>Edit Q3 PSP Spent</td></tr><tr><td> </td><td> </td></tr></table> Why do you require an edit to your PSP spent? If (a) the Total Amount of Payroll Support Spent is greater than Total Employee Wages, Salaries, and Benefits or (b) Total Amount of Previous Save	Reported PSP Spent for Q2 No Q2 PSP Funds Spent was found.	Reported PSP Spent for Q3 No Q3 PSP Funds Spent was found.	Edit Q2 PSP Spent	Edit Q3 PSP Spent		
Reported PSP Spent for Q2 No Q2 PSP Funds Spent was found.		Reported PSP Spent for Q3 No Q3 PSP Funds Spent was found.					
Edit Q2 PSP Spent		Edit Q3 PSP Spent					
Definitions							
Recipient Information							
Headcount & Compensation							
Severance / Dividends							
Document Uploads							
Certification & Submission							

Additional Employee Compensation Information

Number of Employees 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 enter an explanation

User Instructions	Employees and Corporate Officers whose Total Compensation in calendar year 2019 exceeded \$425,000 ❶ 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
Definitions	
Recipient Information	
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Severance / Dividends	
Document Uploads	
Certification & Submission	If the number of such Employees and Corporate Officers is not zero, please upload an explanation. Upload Required Doc(s) Upload Files Or drop files 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? --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) since the PSP Agreement Effective Date? --None-- If yes, please upload an explanation that includes the dollar amount and the date of the dividend payment or capital distribution. Upload Required Doc(s) Upload Files Or drop files If dividends were paid, is the Recipient an S Corp or pass-through entity? --None-- Was the dividend or capital distribution to cover its owners' tax obligations in respect of the entity's earnings? --None-- Save

User Instructions

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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)

--None--

Wages, Tips and Other Compensation (Line 2)

Seasonal (Line 18)

--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?

--None--

Did you upload a Balance Sheet?

--None--

Did you upload a Statement of Cash Flow?

--None--

Did you upload Notes to Financial Statements?

--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

Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient? Answer is yes, this page displays

User Instructions	Submission will restrict any further modifications to compliance information.
Definitions	Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient?
Recipient Information	Yes
Headcount & Compensation	
Severance / Dividends	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.
Document Uploads	
Certification & Submission	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, 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 December 31, 2020. I attest to this certification. If no, I do not attest, please upload explanation below. --None-- 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 December 31, 2020. I attest to this certification. If no, I do not attest, please upload explanation below. --None-- 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. I attest to this certification. If no, I do not attest, please upload explanation below. --None-- 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: Peggy Wings Authorized Representative Title: CEO Submit

Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient? Answer is no, this page displays

PSP Compliance Request Name	Emily Charter - Quarter 4 Test 4	PSP Agreement Effective Date	11/1/2020
Organization	Emily Charter	Compliance Due Date	3/31/2021
Status	In-Progress		
		Report Quarter	Q4 2020 (Oct 1-Dec 31)

User Instructions	Submission will restrict any further modifications to compliance information.
Definitions	
Recipient Information	Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient? No
Headcount & Compensation	
Severance / Dividends	Please download the following certification, and have it signed by an authorized representative of the Signatory Entity:
Document Uploads	Certification Download
Certification & Submission	Please upload the signed certification below in order to submit.
	Upload Required Doc(s)  Upload Files Or drop files Submit

Baseline Template

Header displayed on every page

 CARES Administration Hub

PSP Compliance Request Name	Emily Charter - Quarter 4 Test 1	PSP Agreement Effective Date	11/1/2020
Organization	Emily Charter	Compliance Due Date	3/31/2021
Status	In-Progress		

Report QuarterQ4 2020 (Oct 1-Dec 31)

Page: User Instructions

Sample of full page with header. Navigation in the left sidebar of the body.

 CARES Administration Hub

PSP Compliance Request Name	Pegasus Wings - Quarter 4 2020	PSP Agreement Effective Date	7/1/2020
Organization	Pegasus Wings	Compliance Due Date	3/31/2021
Status	In-Progress		

Report QuarterQ4 2020 (Oct 1-Dec 31)

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Compliance Supplemental Information

 PSP Compliance Contacts (0)

New

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	Definitions Benefits 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. 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(PSP Agreement "Definitions") Severance Pay or Other Benefits 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, 2022) by the Recipient 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 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 last completed fiscal year as the trigger event). Termination or Furlough 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. Total Compensation 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") Wage 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")

Page: Recipient Information

User Instructions	Recipient Information <table><tr><td>PSP Agreement Effective Date</td><td>7/1/2020</td><td>Fiscal Year End (Month)</td><td>--None--</td></tr><tr><td>Recipient Name in Agreement</td><td>Pegasus Wings</td><td>Primary NAICS</td><td>488190</td></tr><tr><td>Recipient Taxpayer ID</td><td>34534003</td><td>Additional NAICS (1)</td><td></td></tr><tr><td>Recipient DUNS</td><td>582843207</td><td>Additional NAICS (2)</td><td></td></tr><tr><td>Payroll Support Application #</td><td>PSA-2007100060</td><td>Additional NAICS (3)</td><td></td></tr><tr><td>Prorated Awardable Amount</td><td>\$6,000.00</td><td></td><td></td></tr><tr><td>Amount Paid to Date</td><td>\$0.00</td><td></td><td></td></tr></table> Save	PSP Agreement Effective Date	7/1/2020	Fiscal Year End (Month)	--None--	Recipient Name in Agreement	Pegasus Wings	Primary NAICS	488190	Recipient Taxpayer ID	34534003	Additional NAICS (1)		Recipient DUNS	582843207	Additional NAICS (2)		Payroll Support Application #	PSA-2007100060	Additional NAICS (3)		Prorated Awardable Amount	\$6,000.00			Amount Paid to Date	\$0.00		
PSP Agreement Effective Date		7/1/2020	Fiscal Year End (Month)	--None--																									
Recipient Name in Agreement		Pegasus Wings	Primary NAICS	488190																									
Recipient Taxpayer ID		34534003	Additional NAICS (1)																										
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Certification & Submission																													

Page: Employee Headcount

User Instructions	Employee Payroll - Quarter Q3 2020 (Jul 1-Sept 30) Total Employee Payroll Employee Benefits - Quarter Q3 2020 (Jul 1-Sept 30) <table><tr><td>Total Employee Benefits</td><td>Total Employee Wages, Salaries & Benefits Paid</td></tr><tr><td> </td><td>\$0.00</td></tr></table> Employee Headcount - Quarter Q4 2020 (Oct 1-Dec 31) Total Number of Involuntary Terminations or Furloughs DURING THE THIRD QUARTER BEFORE the PSP Agreement Effective Date Save	Total Employee Benefits	Total Employee Wages, Salaries & Benefits Paid		\$0.00
Total Employee Benefits		Total Employee Wages, Salaries & Benefits Paid			
		\$0.00			
Definitions					
Recipient Information					
Headcount & Compensation					
Executive Compensation					
Document Uploads					
Certification & Submission					

Page: Executive Compensation

User Instructions	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 Save
Definitions	
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User Instructions

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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)

--None--

Wages, Tips and Other Compensation (Line 2)

Seasonal (Line 18)

--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?

--None--

Did you upload a Balance Sheet?

--None--

Did you upload a Statement of Cash Flow?

--None--

Did you upload Notes to Financial Statements?

--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

Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient? Answer is yes, this page displays

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? Yes
Headcount & Compensation	
Executive Compensation	This certification is delivered by Emily Charter to the Department of the Treasury (Treasury) in connection with the Payroll Support Program Agreement (PSP Agreement) between Emily Charter 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.
Document Uploads	
Certification & Submission	The undersigned is an authorized representative of the Signatory Entity with authority to make the following representations on behalf of the Recipient. --None-- 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. I attest to this certification. If no, I do not attest, please upload explanation below. --None-- 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. I attest to this certification. If no, I do not attest, please upload explanation below. --None-- 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: IAN SCHMIDT Authorized Representative Title: Submit

Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient? Answer is no, this page displays

CARES Administration Hub

PSP Compliance Request Name	Emily Charter - Quarter 3 2020 Baseline	PSP Agreement Effective Date	11/1/2020
Organization	Emily Charter	Compliance Due Date	3/31/2021
Status	In-Progress	Report Quarter	Q3 2020 (Jul 1-Sep 30)

User Instructions

Definitions

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Executive Compensation

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Certification & Submission

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

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