

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

Definitions

Recipient Information

Headcount & Compensation

Executive Compensation

Document Uploads

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.

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)

User Instructions

Definitions

Recipient Information

Headcount & Compensation

Executive Compensation

Document Uploads

Certification & Submission

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

4112 Baseline & Q320 Template Screen Shots for Clearance

Executive Compensation

 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)

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

[Save](#)

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)

User Instructions

Definitions

Recipient Information

Headcount & Compensation

Executive Compensation

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

☐ Title	Upload Date	Download File
☐ Sample doc	Oct 9, 2020	Download File

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	Download File

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)

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☐ Title	Upload Date	Download File
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[Save](#)

4112 Baseline & Q320 Template Screen Shots for Clearance

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	The undersigned is an authorized representative of the Signatory Entity with authority to make the following representations on behalf of the Recipient. Yes 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. Yes 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. Yes I make these certifications after reasonable inquiry of people, systems, and other information available to the Recipient. I acknowledge

4112 Baseline & Q320 Template Screen Shots for Clearance

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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OMB Control Number: 1505-0263

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PRA Burden Statement:

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Employee Headcount

User Instructions

Definitions

Recipient Information

Headcount & Compensation

Severance / Dividends

Document Uploads

Certification & Submission

Employee Headcount

Employee Wages, Salaries & ...

Additional Compensation

Employee Headcount

1

Total Number of Employees at START of the Report Quarter

750

2

Total Number of new hires DURING the Report Quarter

3

3

Total Number of Permitted Terminations or Furloughs DURING the Report Quarter

8

4

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

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 Docs

Upload Files

Or drop files

Title	Upload Date	Download File
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Save

Next

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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

Definitions

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Severance / Dividends

Document Uploads

Certification & Submission

✓

✓

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

Title	Upload Date	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.

0

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.

0

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.

0

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

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Severance /Dividends

User Instructions	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 <table><thead><tr><th>Title</th><th>Upload Date</th><th>Download File</th></tr></thead></table> 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 <table><thead><tr><th>Title</th><th>Upload Date</th><th>Download File</th></tr></thead></table> 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	Title	Upload Date	Download File	Title	Upload Date	Download File
Title		Upload Date	Download File				
Title		Upload Date	Download File				
Definitions							
Recipient Information							
Headcount & Compensation							
Severance / Dividends							
Document Uploads							
Certification & Submission							

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Document Uploads

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☐ Sample doc	Oct 9, 2020	Download File

OR

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Using information from the Form 941 (or IRS-acceptable equivalent), please complete the following:
Number of Employees (Line 1) Wages, Tips and Other Compensation (Line 2)
Business Closed (Line 17) Seasonal (Line 18)

Financial Statements & Information

☒ Do you file through EDGAR with the SEC?

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
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Certification & Submissions

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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 September 30, 2020. I attest to this certification. If no, I do not attest, please upload explanation below. Yes 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. Yes 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. Yes I make these certifications after reasonable inquiry of people, systems, and other information available to the Recipient. I acknowledge