

|                                                                                                             | A 2008 amendment to Minn. Stat. §116J.993 to §116J.995 adjusted the level of what constitutes a business subsidy. The new threshold is \$150,000 for either a grant or loan, and raises the threshold for a public hearing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------|--|--|--|
|                                                                                                             | requirement also to \$150                                                                                                                                                                                                  | ),000. However, reports of p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              | re still required for two year |  |  |  |
|                                                                                                             | periods under the old thi<br>loans. (See §116J.993, Se                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ~ ×                                                                          | in                             |  |  |  |
|                                                                                                             | available on the DEED we                                                                                                                                                                                                   | ebsite. DEED USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ONLY: Report Year 20                                                         | <u> </u>                       |  |  |  |
|                                                                                                             | Please use this form to re                                                                                                                                                                                                 | William Control of the Control of th |                                                                              | <u> 8</u>                      |  |  |  |
|                                                                                                             | <u>through 2022</u> that fall ur<br>provide the status of the                                                                                                                                                              | A THE RESERVE THE PROPERTY OF THE PARTY OF T | Certrol                                                                      | ill                            |  |  |  |
|                                                                                                             | be used to help the legisl                                                                                                                                                                                                 | lative body und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ived: 3-14-2023                                                              | 111                            |  |  |  |
|                                                                                                             | development activities a                                                                                                                                                                                                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | : <u></u>                                                                    |                                |  |  |  |
|                                                                                                             | reports are required.                                                                                                                                                                                                      | 0 7170 <b>N</b> lana wali sawala                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ad famo bafana Amil 4 ka 84:                                                 | uuti aa palataa aa a           |  |  |  |
|                                                                                                             | Questions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of<br>Employment and Economic Development, Economic Analysis Unit, First National Bank Building, 332                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
|                                                                                                             | Minnesota Street, Suite E200, St. Paul MN 55101-1351; or fax to: (651) 215-3841                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
| Sec                                                                                                         | tion 1: (Grantor Informa                                                                                                                                                                                                   | ation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                |  |  |  |
| 1. Name of grantor (funding entity):                                                                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. Name of person completing this form:                                      |                                |  |  |  |
| Sherburne County E.D.A.                                                                                     |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dan Weber                                                                    |                                |  |  |  |
| 3. Street address:<br>13880 Business Center Drive NW                                                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. City:<br>Elk River                                                        | 5. ZIP Code:<br>55330          |  |  |  |
| 100 1000                                                                                                    | County:                                                                                                                                                                                                                    | 7. Phone number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8. Fax number:                                                               | 9. Email address:              |  |  |  |
| Sherburne 763-765-3007                                                                                      |                                                                                                                                                                                                                            | 763-765-3002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | dan.weber@co.sherburne.mn.us                                                 |                                |  |  |  |
| 1902                                                                                                        | 1 mg/s                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ty created by government ag                                                  | ency, please indicate          |  |  |  |
| affiliation. For example, a city EDA would check "City government.")                                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
|                                                                                                             | ☐ City government ☐ Regional government                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
| ☐ State government ☐ Other (Please specify):                                                                |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
|                                                                                                             | Name of husiness or ors                                                                                                                                                                                                    | 77. 30. 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 12 Address where financia                                                    | Lassistance will be used:      |  |  |  |
| 11. Name of business or organization receiving financial assistance:                                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12. Address where financial assistance will be used:                         |                                |  |  |  |
| Sunken Ship Brewing Company LLC/Stout Storage LLC                                                           |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Street address: 322/3 124th St<br>City/State/ZIP Code: Princeton, IVIN 553/1 |                                |  |  |  |
| 13. Type of organizational structure of recipient receiving financial assistance (Mark one)                 |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
| ☐C-Corporation ☐ S-Corporation ☐ Limited Liability Company (LLC)                                            |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
|                                                                                                             | Other (Please specify                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                                     | iced clabinty dompany (cco)    |  |  |  |
| 14. Does the recipient have a parent corporation? (Mark one.)                                               |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
| Yes (Indicate name and address of the parent corporation below. If more than one, indicate ultimate owner.) |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
| ✓No                                                                                                         |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
| Name of parent corporation:                                                                                 |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
| Street address:                                                                                             |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
| City/State/ZIP Code: 15. Recipient's primary industry ( <i>Mark one.</i> ):                                 |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
| ☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate                                                |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
| Retail Trade Wholesale Trade Construction                                                                   |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |
|                                                                                                             | ALCOHOL SEE ALCOHOL SEE CONTRACTOR SEE SEE SEE SEE SEE SEE SEE SEE SEE SE                                                                                                                                                  | TALIOICAGIC LIGAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ; construction                                                               |                                |  |  |  |
|                                                                                                             | ✓ Other (please specify                                                                                                                                                                                                    | <sub>/):</sub> Brewery/Tap Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                |  |  |  |

| Section 3: Agreement Info                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rmation                             |                                                                   |                                                                   |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|--|--|--|--|
| 16. Project Start Date: 10/1/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | 17. Expected Project Completion Date: RLF Maturity date: 9/1/2047 |                                                                   |  |  |  |  |
| 18. Please specify all funding sources for project (attach sources/use statement if available). The table should                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                   |                                                                   |  |  |  |  |
| include all funding sources used by the recipient to fund the project:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                   |                                                                   |  |  |  |  |
| Identify Private or Public<br>Participant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (\$) Value                          | Type of Assistance (grant, loan, TIF, TAF, etc.)                  | Use of Funds (i.e., infrastructure, cleanup, capital improvement) |  |  |  |  |
| Sherburne County EDA RLF Loan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ 100,000                          | Loan                                                              | <b>Building Renovation</b>                                        |  |  |  |  |
| Owners Equity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ 198,120                          |                                                                   | Property Acquisition                                              |  |  |  |  |
| Bank Loan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ 895,500                          | Loan                                                              | Property acquistion timeling renovation, contingency & soft costs |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$                                  |                                                                   |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$                                  |                                                                   |                                                                   |  |  |  |  |
| Total Project Budget (all so                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | urces): 1,193,620                   |                                                                   |                                                                   |  |  |  |  |
| Your public participation pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ercentage of total budget:          | 8.4%                                                              |                                                                   |  |  |  |  |
| 19. Minn. Stat. §116J.994 re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | equires that financial assist       | ance meet a public purpose.                                       | Which of the following public                                     |  |  |  |  |
| purposes were used to dete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ermine your participation?          | (Mark all that apply.)                                            |                                                                   |  |  |  |  |
| ✓ Enhancing economic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ✓ Enhancing economic diversity      |                                                                   |                                                                   |  |  |  |  |
| Creating high-quality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Creating high-quality job growth  |                                                                   |                                                                   |  |  |  |  |
| Job retention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | ther (please specify):                                            |                                                                   |  |  |  |  |
| NOTE: If job creation or re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tention is not a goal then          | please skip to Question 21.                                       |                                                                   |  |  |  |  |
| Section 4: Goals and Act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                   |                                                                   |  |  |  |  |
| 20. Job Creation and/or Retention Goals (first year report) and Actuals (second year report):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                   |                                                                   |  |  |  |  |
| For each of the following categories if required, indicate the (new) job creation and/or retention goals stated in the financial assistance agreement and the number of actual (new) jobs created and/or retained since the benefit date including the average hourly value of any employer-provided benefits goals for those jobs.                                                                                                                                                                                                                                                                                                          |                                     |                                                                   |                                                                   |  |  |  |  |
| (Full-time jobs are defined as new, permanent, non-seasonal positions created subsequent to the financial assistance agreement in which employees are scheduled to work on average at least a 40 hour work week. Part-time is defined as a new job in which an employee works for the recipient at a rate less than 40 hours per week within a recipient location). Job retention is defined as jobs at a specific wage level that exist prior to the signing of the financial assistance agreement. There must be evidence that the retained jobs will be lost without financial assistance or where job loss is specific and demonstrable. |                                     |                                                                   |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total Number of Average Hourly Wage |                                                                   |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Employees                           | Level                                                             | Health Insurance                                                  |  |  |  |  |
| (New) Full-time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                   |                                                                   |                                                                   |  |  |  |  |
| Job Creation ( <b>Goals</b> ) (New) Part-time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                   |                                                                   |  |  |  |  |
| Job Creation ( <b>Goals</b> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8                                   |                                                                   |                                                                   |  |  |  |  |
| Job Retention (Goals)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                   |                                                                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                   |                                                                   |  |  |  |  |
| (New) Full-time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Õ                                   | S - 154,000 154,000 15                                            |                                                                   |  |  |  |  |
| Job Creation (Actuals)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3                                   |                                                                   |                                                                   |  |  |  |  |
| (New) Part-time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11                                  |                                                                   |                                                                   |  |  |  |  |
| Job Creation (Actuals)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 1                                 |                                                                   |                                                                   |  |  |  |  |
| Job Retention (Actuals)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                   |                                                                   |  |  |  |  |
| 21. What is the status of the project and how successful have they been in meeting stated goals?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                   |                                                                   |  |  |  |  |
| This project is developed and open for business. Sunken Ship Brewing Company is successful                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                   |                                                                   |  |  |  |  |
| and is making RLF payments on time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                   |                                                                   |  |  |  |  |