Welcome to the 2014 Annual Survey of Entrepreneurs

DO NOT use this worksheet to respond to the survey, it is intended to assist you with gathering and preparing your data prior to reporting online. Please view the online report for specific instructions.

Return to https://econhelp.census.gov/ase when you are ready to report online.

CONTACT INFORMATION

Please enter the first and last name of the person who is filling out this survey. We request a telephone number so we can contact you if there is a question.

Contact Name:

Phone:

NUMBER OF OWNERS

In 2014, how many people owned this business?

- Do not combine two or more owners to create one
- Count spouses and partners as separate owners

1 person – Skip to 10 percent or more ownership

2-4 people – Skip to 10 percent or more ownership

5-10 people – Skip to 10 percent or more ownership

11 or more people

Business is owned by a parent company, estate, trust, or other entity

Don't know

GOVERNMENT OR TRIBAL ENTITY OWNERSHIP

In 2014, was this business owned by a government or tribal entity?

Yes

No

10 PERCENT or MORE OWNERSHIP

In 2014, did any one **person** own 10% or more of this business?

Yes

No

PERCENT OWNERSHIP

For the person(s) owning the largest percentage(s) in this business in 2014, please list the percentage owned by each person and his or her name.

- Do not report percentages owned by parent companies, estates, trusts, or other entities
- If more than 4 people owned this business equally, select any 4 people
- Round percentages to whole numbers. For example, report 1/3 ownership as 33.0%.

	Percentage Owned (Estimates are acceptable)	Name
Owner 1:		
Owner 2:		
Owner 3:		
Owner 4:		

OWNER 1

INITIAL ACQUISITION

How did Owner 1 initially acquire ownership of this business? Select all that apply.

Founded or started

Purchased

Inherited

Received transfer of ownership or gift

INITIAL ACQUISITION YEAR

In what year did Owner 1 acquire ownership of this business?

Year Don't Know

JOB FUNCTION(S)

In 2014, which of the following were *Owner 1*'s function(s) in this business? **Select all that apply.**

Managing day-to-day operations

Providing services and/or producing goods

Financial control with the authority to sign loans, leases, and contracts

None of these functions

AVERAGE NUMBER OF HOURS WORKED

In 2014, what was the average number of hours per week that Owner 1 spent managing or working in this business?

None 40 hours

Less than 20 hours 41-59 hours

20-39 hours 60 hours or more

PRIMARY INCOME SOURCE

In 2014, did this business provide Owner 1's primary source of personal income?

Yes

No

PRIOR BUSINESS OWNERSHIP

Prior to establishing, purchasing, or acquiring this business, had *Owner 1* ever owned a business?

Yes

No

EDUCATION

What was the highest degree or level of school *Owner 1* completed **prior** to establishing, purchasing, or acquiring this business? **Select ONE box only.**

Less than high school graduate

High school graduate - Diploma or GED

Technical, trade, or vocational school

Some college, but no degree

Associate Degree

Bachelor's Degree

Master's, Doctorate, or Professional Degree

What is the sex of Owner 1?

Male

Female

AGE

What was the age of Owner 1 as of December 31, 2014?

Under 25 45-54 25-34 55-64 35-44 65 or over

US CITIZENSHIP

Was Owner 1 born a citizen of the United States?

Yes

No

ETHNICITY

Is Owner 1 of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin - please enter origin below. For example, Argentinean,

Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. 📈

RACE

What is Owner 1's race? NOTE: For this survey, Hispanic origins are not races. Select all that apply.

White Black or African American

American Indian or Alaska Native - please enter name of enrolled or principal tribe below \overline{k}

Asian Indian Japanese Native Hawaiian

Chinese Korean Guamanian or Chamorro

Filipino Vietnamese Samoan

Other Asian- please enter race below. For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. \overline{k}

Other Pacific Islander - please enter race below. For example, Fijian, Tongan, and so on.

Some other race - please enter race below.

MILITARY SERVICE

Has *Owner 1* ever served in any branch of the U.S. Armed Forces, including the Coast Guard, the National Guard, or Reserve component of any service branch?

Yes

No - Skip to Reasons for Owning the Business

(If yes) Do any of the following characteristics describe Owner 1's military service? Select all that apply.

Served on active duty military service, not including training for the Reserves or National Guard

Disabled as the result of illness or injury incurred or aggravated during military service

Served on active duty military service after September 11, 2001

Served on active duty military service in 2014

Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2014

None of the above

REASONS FOR OWNING THE BUSINESS

How important to Owner 1 are each of the following reasons for owning this business? (Select one for each row.)

Not Somewhat Very Important Important Important

Wanted to be my own boss

Flexible hours

Balance work and family

Opportunity for greater income/Wanted to build wealth

Best avenue for my ideas/goods/services

Couldn't find a job/Unable to find employment

Working for someone else didn't appeal to me

Always wanted to start my own business

An entrepreneurial friend or family member was a role model

Other (Specify) 📈

OWNER 2 - If applicable, if not skip to page 14

INITIAL ACQUISITION

How did Owner 2 initially acquire ownership of this business? Select all that apply.

Founded or started

Purchased

Inherited

Received transfer of ownership or gift

INITIAL ACQUISITION YEAR

In what year did Owner 2 acquire ownership of this business?

Year Don't Know

JOB FUNCTION(S)

In 2014, which of the following were Owner 2's function(s) in this business? Select all that apply.

Managing day-to-day operations

Providing services and/or producing goods

Financial control with the authority to sign loans, leases, and contracts

None of these functions

AVERAGE NUMBER OF HOURS WORKED

In 2014, what was the average number of hours per week that Owner 2 spent managing or working in this business?

None 40 hours

Less than 20 hours 41-59 hours

20-39 hours 60 hours or more

PRIMARY INCOME SOURCE

In 2014, did this business provide Owner 2's primary source of personal income?

Yes

No

PRIOR BUSINESS OWNERSHIP

Prior to establishing, purchasing, or acquiring this business, had *Owner 2* ever owned a business?

Yes

No

EDUCATION

What was the highest degree or level of school *Owner 2* completed **prior** to establishing, purchasing, or acquiring this business? **Select ONE box only.**

Less than high school graduate

High school graduate- Diploma or GED

Technical, trade, or vocational school

Some college, but no degree

Associate Degree

Bachelor's Degree

Master's, Doctorate, or Professional Degree

What is the sex of Owner 2?

Male

Female

AGE

What was the age of Owner 2 as of December 31, 2014?

Under 25 45-54 25-34 55-64 35-44 65 or over

US CITIZENSHIP

Was Owner 2 born a citizen of the United States?

Yes

No

ETHNICITY

Is Owner 2 of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin- please enter origin below. For example, Argentinean,

Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. 📈

RACE

What is Owner 2's race? NOTE: For this survey, Hispanic origins are not races. Select all that apply.

White Black or African American

American Indian or Alaska Native - please enter name of enrolled or principal tribe below \overline{k}

Asian Indian Japanese Native Hawaiian

Chinese Korean Guamanian or Chamorro

Filipino Vietnamese Samoan

Other Asian - please enter race below. For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. 📈

Other Pacific Islander - please enter race below. For example, Fijian, Tongan, and so on. \nearrow

MILITARY SERVICE

Has *Owner 2* ever served in any branch of the U.S. Armed Forces, including the Coast Guard, the National Guard, or Reserve component of any service branch?

Yes

No - Skip to Reasons for Owning the Business

(If yes) Do any of the following characteristics describe Owner 2's military service? Select all that apply.

Served on active duty military service, not including training for the Reserves or National Guard

Disabled as the result of illness or injury incurred or aggravated during military service

Served on active duty military service after September 11, 2001

Served on active duty military service in 2014

Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2014

None of the above

REASONS FOR OWNING THE BUSINESS

How important to Owner 2 are each of the following reasons for owning this business? (Select one for each row.)

Not Somewhat Very Important Important Important

Wanted to be my own boss

Flexible hours

Balance work and family

Opportunity for greater income/Wanted to build wealth

Best avenue for my ideas/goods/services

Couldn't find a job/Unable to find employment

Working for someone else didn't appeal to me

Always wanted to start my own business

An entrepreneurial friend or family member was a role model

Other (Specify) 📈

OWNER 3 - If applicable, if not skip to page 14

INITIAL ACQUISITION

How did Owner 3 initially acquire ownership of this business? Select all that apply.

Founded or started

Purchased

Inherited

Received transfer of ownership or gift

INITIAL ACQUISITION YEAR

In what year did Owner 3 acquire ownership of this business?

Year Don't Know

JOB FUNCTION(S)

In 2014, which of the following were *Owner 3*'s function(s) in this business? **Select all that apply.**

Managing day-to-day operations

Providing services and/or producing goods

Financial control with the authority to sign loans, leases, and contracts

None of these functions

AVERAGE NUMBER OF HOURS WORKED

In 2014, what was the average number of hours per week that Owner 3 spent managing or working in this business?

None 40 hours

Less than 20 hours 41-59 hours

20-39 hours 60 hours or more

PRIMARY INCOME SOURCE

In 2014, did this business provide Owner 3's primary source of personal income?

Yes

No

PRIOR BUSINESS OWNERSHIP

Prior to establishing, purchasing, or acquiring this business, had Owner 3 ever owned a business?

Yes

No

EDUCATION

What was the highest degree or level of school *Owner 3* completed **prior** to establishing, purchasing, or acquiring this business? **Select ONE box only.**

Less than high school graduate

High school graduate - Diploma or GED

Technical, trade, or vocational school

Some college, but no degree

Associate Degree

Bachelor's Degree

Master's, Doctorate, or Professional Degree

What is the sex of Owner 3?

Male

Female

AGE

What was the age of Owner 3 as of December 31, 2014?

Under 25 45-54 25-34 55-64 35-44 65 or over

US CITIZENSHIP

Was Owner 3 born a citizen of the United States?

Yes

No

ETHNICITY

Is Owner 3 of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin - please enter origin below. For example, Argentinean,

Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. \overrightarrow{k}

RACE

What is Owner 3's race? NOTE: For this survey, Hispanic origins are not races. Select all that apply.

White Black or African American

American Indian or Alaska Native - please enter name of enrolled or principal tribe below \overline{k}

Asian Indian Japanese Native Hawaiian

Chinese Korean Guamanian or Chamorro

Filipino Vietnamese Samoan

Other Asian - please enter race below. For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. 📈

Other Pacific Islander - please enter race below. For example, Fijian, Tongan, and so on.

MILITARY SERVICE

Has *Owner 3* ever served in any branch of the U.S. Armed Forces, including the Coast Guard, the National Guard, or Reserve component of any service branch?

Yes

No - Skip to Reasons for Owning the Business

(If yes) Do any of the following characteristics describe Owner 3's military service? Select all that apply.

Served on active duty military service, not including training for the Reserves or National Guard

Disabled as the result of illness or injury incurred or aggravated during military service

Served on active duty military service after September 11, 2001

Served on active duty military service in 2014

Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2014

None of the above

REASONS FOR OWNING THE BUSINESS

How important to Owner 3 are each of the following reasons for owning this business? (Select one for each row.)

Not Somewhat Very Important Important Important

Wanted to be my own boss

Flexible hours

Balance work and family

Opportunity for greater income/Wanted to build wealth

Best avenue for my ideas/goods/services

Couldn't find a job/Unable to find employment

Working for someone else didn't appeal to me

Always wanted to start my own business

An entrepreneurial friend or family member was a role model

Other (Specify) ${\ensuremath{ \ensuremath{ \cross{F}}}}$

OWNER 4 - If applicable, if not skip to page 14

INITIAL ACQUISITION

How did Owner 4 initially acquire ownership of this business? Select all that apply.

Founded or started

Purchased

Inherited

Received transfer of ownership or gift

INITIAL ACQUISITION YEAR

In what year did Owner 4 acquire ownership of this business?

Year Don't Know

JOB FUNCTION(S)

In 2014, which of the following were Owner 4's function(s) in this business? Select all that apply.

Managing day-to-day operations

Providing services and/or producing goods

Financial control with the authority to sign loans, leases, and contracts

None of these functions

AVERAGE NUMBER OF HOURS WORKED

In 2014, what was the average number of hours per week that Owner 4 spent managing or working in this business?

None 40 hours Less than 20 hours 41-59 hours

20-39 hours 60 hours or more

PRIMARY INCOME SOURCE

In 2014, did this business provide Owner 4's primary source of personal income?

Yes

No

PRIOR BUSINESS OWNERSHIP

Prior to establishing, purchasing, or acquiring this business, had *Owner 4* ever owned a business?

Yes

No

EDUCATION

What was the highest degree or level of school *Owner 4* completed **prior** to establishing, purchasing, or acquiring this business? **Select ONE box only.**

Less than high school graduate

High school graduate - Diploma or GED

Technical, trade, or vocational school

Some college, but no degree

Associate Degree

Bachelor's Degree

Master's, Doctorate, or Professional Degree

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What is the sex of Owner 4?

Male

Female

AGE

What was the age of Owner 4 as of December 31, 2014?

Under 25 45-54 25-34 55-64 35-44 65 or over

US CITIZENSHIP

Was Owner 4 born a citizen of the United States?

Yes

No

ETHNICITY

Is Owner 4 of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin - please enter origin below. For example, Argentinean,

Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. 📈

RACE

What is Owner 4's race? NOTE: For this survey, Hispanic origins are not races. Select all that apply.

White Black or African American

American Indian or Alaska Native - please enter name of enrolled or principal tribe below $ec{k}$

Asian Indian Japanese Native Hawaiian

Chinese Korean Guamanian or Chamorro

Filipino Vietnamese Samoan

Other Asian - please enter race below. For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. 📈

Other Pacific Islander - please enter race below. For example, Fijian, Tongan, and so on.

Some other race - please enter race below. **\rightarrow**

MILITARY SERVICE

Has *Owner 4* ever served in any branch of the U.S. Armed Forces, including the Coast Guard, the National Guard, or Reserve component of any service branch?

Yes

No – Skip to Reasons for Owning the Business

(If yes) Do any of the following characteristics describe Owner 4's military service? Select all that apply.

Served on active duty military service, not including training for the Reserves or National Guard

Disabled as the result of illness or injury incurred or aggravated during military service

Served on active duty military service after September 11, 2001

Served on active duty military service in 2014

Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2014

None of the above

REASONS FOR OWNING THE BUSINESS

How important to Owner 4 are each of the following reasons for owning this business? (Select one for each row.)

Not Somewhat Very Important Important Important

Wanted to be my own boss

Flexible hours

Balance work and family

Opportunity for greater income/Wanted to build wealth

Best avenue for my ideas/goods/services

Couldn't find a job/Unable to find employment

Working for someone else didn't appeal to me

Always wanted to start my own business

An entrepreneurial friend or family member was a role model

Other (Specify) 📈

Business Specific Questions

The next questions apply to the entire business and only require one response from the respondent regardless of how many owners were entered.

ONE FAMILY MAJORITY OWNERSHIP

In 2014, did two or more members of one family own the majority of this business? (Family refers to spouses, parents/guardians, children, siblings, or close relatives.)

Yes

No – Skip to Business Aspirations

(If Yes) Did spouses jointly own this business?

Yes

No - Skip to Business Aspirations

(If Yes) Was this business operated equally by both spouses?

Yes, equally operated by spouses

No, primarily operated by Owner 1

No, primarily operated by Owner 2

BUSINESS ASPIRATIONS

Where would the owner(s) like this business to be in five years? (Select one)

Larger in terms of sales or profits

About the same amount of sales or profits

Smaller in terms of sales or profits

Other (specify) 📈

FUNDING FROM OWNER(S)

For 2014, what was the total amount of money that the owner(s) personally put into the business? *Your best estimate is fine. Please report in thousands.*

Include:

- Investments from personal savings
- Personal retirement accounts
- Home equity loans
- Personally borrowed funds

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YEAR OF BUSINESS ESTABLISHMENT

In what year was this business originally established?

Don't know

FRANCHISE OPERATION

In 2014, did all or part of this business operate as a franchise?

Yes

No

CAPITAL FUNDING

For the owners reported, what was the source(s) of capital used to start or initially acquire this business? If you did not report any owners skip to Amount of Capital Needed to Start or Initially Acquire Business. **Select all that apply.**

Personal/family savings of owner(s)

Personal/family assets other than savings of owner(s)

Personal/family home equity loan

Personal credit card(s) carrying balances

Business credit card(s) carrying balances

Government-guaranteed business loan from a bank or financial institutions, including SBA-guaranteed loans

Business loan from a bank or financial institution

Business loan from a federal, state, or local government

Business loan/investment from family/friend(s)

Investment by venture capitalist(s)

Grants

Other source(s) of capital

Don't know

None needed - Skip to Family, Friends, and Employees

For the owners you reported, what was the total amount of capital used to start or initially acquire this business? (Capital includes savings, other assets, and borrowed funds of owner(s).)

Less than \$5,000	\$100,000 - \$249,999
\$5,000 - \$9,999	\$250,000 - \$999,999
\$10,000 - \$24,999	\$1,000,000 - \$2,999,999
\$25,000 - \$49,999	\$3,000,000 or more
\$50,000 - \$99,999	Don't know

FUNDING FROM FAMILY, FRIENDS, AND EMPLOYEES

For 2014, what was the amount of money this business received from family, friends, and employees? *Your best estimate is fine. Please report in thousands.*

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FUNDING FROM BANKS OR OTHER FINANCIAL INSTITUTIONS

For 2014, what was the total amount of money this business borrowed from a bank or other financial institutions, including business loans, a business credit card carrying a balance, or a business line of credit? *Include all draws on a business line of credit, even if paid off during the year. Your best estimate is fine. Please report in thousands.*

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FUNDING FROM OUTSIDE INVESTORS

For 2014, what was the total amount of money this business received from angel investors, venture capitalists, or other businesses in return for a share of ownership in this business? *Your best estimate is fine. Please report in thousands.* (An "angel investor" is an affluent individual who provides capital for a business start-up, usually in exchange for convertible debt or ownership equity.)

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FUNDING FROM GOVERNMENT GRANTS

For 2014, what was the total amount of money this business received from government grants (such as the Small
Business Innovation Research (SBIR) and/or Small Business Technology Transfer (STTR) programs)? Your best estimate is
fine. Please report in thousands.

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NEW FUNDING RELATIONSHIPS

In 2014, did this business attempt to establish any **new funding relationships** (for example, loans, investments, or gifts) with any of the following sources? *(Select one for each row)*

No

Yes, received <u>total</u> <u>amount</u> of the funding requested

Yes, but <u>did not</u> receive the total amount requested

Other owner(s) (if applicable)

Family, friends, or employees

Banks, credit unions, or other financial institutions

Home equity loans in name of business owners

Credit cards

Trade credit (for example, buy now, pay later)

Angel Investors

Venture capitalists

Other investor businesses

Crowdfunding platform (for example, Prosper, Kickstarter, etc.)

Grants (for example, Federal government's Small Business Technology Transfer Program (STTR) or Small Business Innovation Research Program (SBIR)

Other (Specify) 📈

AVOIDANCE OF ADDITIONAL FINANCING

At any time during 2014, did this business need additional financing and the owner(s) chose not to apply? Yes

No - Skip to Profitability

AVOIDANCE OF ADDITIONAL FINANCING CONTINUED

Why did this business choose not to apply for additional financing? (Select all that apply)

Did not think business would be approved by lender

Did not want to accrue debt

Decided the financing costs would be too high

Preferred to reinvest the business profits instead

Felt the loan search/application process would be too timing consuming

Decided the additional financing was no longer needed

Decided to wait until funding conditions improved

Decided to wait until company hit milestones to be in stronger position to raise funds

Other (Specify)

PROFITABILITY

For 2014, did this business have profits, losses, or break even? (Select one)

Profits

Losses

Break even

NEGATIVE IMPACT ON PROFITABILITY

For 2014, did each of the following negatively impact the profitability of this business? (Select one in each row)

Yes No

Access to financial capital

Cost of financial capital

Finding qualified labor

Taxes

Slow business or lost sales

Customers or clients not making payments or paying late

The unpredictability of business conditions

Changes or updates in technology

Other (Specify) 📈

TYPES OF CUSTOMERS

In 2014, which of the following types of customers accounted for 10% or more of this business's total sales of goods and/or services? **Select all that apply.**

Federal government

State and local government, including school districts, transportation authorities, etc.

Other businesses and/or organizations, including distributors of your product(s)

Individuals

CUSTOMER LOCATIONS

COSTOMER LOCATIONS			
During 2014, where were this b		ients located? Round to the ned	arest whole percent. Your best
estimate is fine. If none, report	"0."		
Same region as the busi	iness	%	
Outside of the region by	ut within U.S. (Domestic)	%	
Outside the United Stat	es (International)	%	
Total		100%	
SALES OR EXPORTS OUTSIDE TH	HE UNITED STATES		
In 2014, what percent of the bu	siness's total sales of goo	ds and/or services consisted of	exports outside the United
States?			
0%	None	Don't know	
OPERATIONS OUTSIDE THE UN	ITED STATES		
In 2014, did this business have of	operations outside the U	nited States?	
Yes			
No			
OUTSOURCING OR TRANSFERS	OUTSIDE THE UNITED S	TATES	
In 2014, did this business outso	urce or transfer any busi	ness function and/or service to a	another company outside the
United States?	•		• •
Yes			
No			

LANGUAGE

In 2014, which language(s) did this business conduct transactions with its customers? Select all that apply.

English German Portuguese African language(s) Hindi/Urdu Russian Arabic Italian Spanish Chinese Japanese Tagalog French Korean Vietnamese French Creole Polish Other

TYPES OF WORKERS

In 2014, which of the following types of workers were used by this business? Select all that apply.

Full-time paid employees

Part-time paid employees

Paid by day laborers

Temporary staffing obtained from a temporary help service

Leased employees from a leasing service or a professional employer organization

Contractors, subcontractors, independent contractors, or outside consultants

None of the above

EMPLOYEE BENEFITS

In 2014, which of the following employee benefits were paid totally or partly by this business? Select all that apply.

Health insurance

Contributions to retirement plans, including 401(k), Keogh, etc.

Profit sharing and/or stock options

Paid holidays, vacation, and/or sick leave

Tuition assistance and/or reimbursement

None of the above

WEBSITE

In 2014, did this business have a website?

Yes

No

E-COMMERCE

In 2014, did this business have any e-commerce sales? (E-commerce sales are sales of goods and/or services where an order is placed by the buyer or price and terms of the sale are negotiated over the Internet, extranet, EDI network, electronic mail, or other online system. Payment may or may not be made online.)

Yes

No - Skip to Home Operation

(If yes) In 2014, what percent of this business's total sales of goods and/or services were e-commerce sales?

 Less than 1%
 20% - 49%

 1% - 4%
 50% - 99%

 5% - 9%
 100%

10% - 19% Don't know

HOME OPERATION

In 2014, did this business operate primarily from somebody's home?

Yes

No

COPYRIGHTS, TRADEMARKS, AND PATENTS

In 2014, did this business own one or more of the following? Select all that apply.

Copyright Patent (granted) None

Trademark Patent (pending)

BUSINESS ACTIVITY

In 2014, did any of the following characteristics describe the activity of this business? **Select all that apply.**

Operated less than 40 hours per week on average

Operated less than 12 months

Seasonal business (for example, fireworks sales or tax preparer)

Operated occasionally (for example, event organizer or guest speaker)

None of the above

PRODUCT INNOVATION

During the last three years (2012, 2013, 2014) did this business do each of the following regarding the goods or services it offers? (Select one for each row)

• Do not include adaptation or customization of a good or service for a specific customer's needs.

Yes No

Sold a new good or service that no other business has ever offered before

Sold a new good or service that this business has never offered before

Improved a good or service's performance by making changes in materials, equipment, software or other components

Developed a new use for a good or service

Added a new feature to a good or service

Made it easier for customers to use a good or service

PROCESS IMPROVEMENT

During the last three years (2012, 2013, 2014), did this business do each of the following regarding the goods or services it offers? (Select one for each row)

Yes No

Applied a new way of purchasing, accounting, computing, maintenance, inventory control, or other support activity

Reduced costs by changing the way a good or service was distributed

Upgraded a technique, equipment, or software to significantly improve a good or service

Made a significant improvement in a technique or process by increasing automation, decreasing energy consumption, or using better software

Decreased production costs by improving the materials, software, or other components

Changed a delivery method to be faster or more reliable

RESEARCH AND DEVELOPMENT ACTIVITY

In 2014, did this business do any of the following research and development (R&D) activities? (Select one for each row) If No to ALL – Skip to Currently Operating

• Include R&D activities that this business performed, others paid this business to do, or this business paid others to do.

Yes No

Conducted work that might lead to a patent

Developed and tested prototypes that were derived from scientific research or technical findings

Produced findings that could be published in academic journals or presented at scientific conferences

Applied scientific or technical knowledge in a way that has never been done before

Created new scientific research or technical solutions that can be generalized to other situations

Conducted work to discover previously unknown scientific facts, structures, or relationships

Conducted work to extend the understanding of scientific facts, relationships or principles in a way that could be useful to others

TOTAL R&D COST

In 2014, what was this business's **total cost** for R&D activities? Include:

- Labor paid for employees, temporary staffing, contractors, independent contractors, or outside consultants
- Materials, equipment, software, or other supplies purchased
- Money spent for rent, utilities or other overhead

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PURCHASED R&D COSTS

In 2014, of the total R&D costs, what was the **amount used to purchase** R&D services from others? Include labor paid for:

- Employees
- Temporary staff
- Contractors
- Independent contractors
- Outside consultants

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BUSINESS R&D COSTS In 2014, what percent of the costs of R&D services perform Note: To calculate R&D services performed by this busines Round to the nearest whole percent. Your best estimate is	s, subtract the Purchased R&D costs from the Total R&D costs.
Employee payroll	%
Equipment purchases	%
Software and licensing purchases	%
Other R&D expenses	%
Total	100%
FUNDING SOURCES FOR R&D ACTIVITIES	
In 2014, what percent of the costs of R&D services perforn	ned by this business was paid by the following sources? Note:
To calculate R&D services performed by this business, subt	ract the Purchased R&D costs from the Total R&D costs.
Round to the nearest whole percent. Your best estimate is	fine. If none, report "0."
This business	%
A catheratic C. h. atraca	0/

This business	%
Another U.S. business	%
U.S. college or university	%
U.S. nonprofit organization	%
U.S. federal government (Include R&D grants)	%
U.S. state or local government (Do not include public schools)	%
Other (specify)	%
Total	100%

NUMBER OF R&D EMPLOYEES

For the pay period including March 12, 2014, how many of each type of the following workers worked on R&D activities?

	Number of workers
Owner(s)	
Paid Employees	
Other Paid Workers - Include labor paid for temporary staff, contractors,	
independent contractors, and outside consultants.	
Unpaid Workers/Interns	

CURRENTLY OPERATING

Is this business currently operating?

Yes – Skip to Remarks

No

CEASE OPERATION

Did the operations cease for any of the following reasons? **Select all that apply.**

Owner's military deployment Lack of business loans/credit
Owner's illness or injury Lack of personal loans/credit
Owner(s) retired Started another business

Owner(s) deceased Sold this business

Operated for a specific or one-time event Other

Inadequate cash flow or low sales

THANK YOU