

## 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 Percent Ownership
  - 2-4 people – Skip to Percent Ownership
  - 5-10 people – Skip to Percent 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 – Skip to One Family Majority Ownership if no person owned 10% or more of this business.

### 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:		

**REPORT ONLINE - DO NOT RETURN**

## **OWNER 1**

### **INITIAL ACQUISITION**

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

- Founded or started
- Inherited
- Purchased
- 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 or been self-employed?

- 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

**SEX**

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 Am., 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 ↗
- 

- |              |            |                       |
|--------------|------------|-----------------------|
| 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. ↗

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

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Some other race - please enter race below. ↗

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**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

(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 Important	Somewhat Important	Very 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) 			

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## **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
- Inherited
- Purchased
- 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 or been self-employed?

- 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

**SEX**

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 Am., 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 ↗
- 

- |              |            |                       |
|--------------|------------|-----------------------|
| 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. ↗

**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

(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 Important	Somewhat Important	Very Important
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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) 

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## **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
- Inherited
- Purchased
- 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 or been self-employed?

- 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



**SEX**

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 Am., 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 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 ↗

- |              |            |                       |
|--------------|------------|-----------------------|
| 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. ↗

**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

(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 Important	Somewhat Important	Very 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) 

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## **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

Inherited

Purchased

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 or been self-employed?

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

**SEX**

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 Am., 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. ↗

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**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 ↗

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- |              |            |                       |
|--------------|------------|-----------------------|
| 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. ↗

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

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Some other race - please enter race below. ↗

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**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

(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 Year of Business Establishment

(If Yes) Did spouses jointly own this business?

Yes

No – Skip to Year of Business Establishment

(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**

### **YEAR OF BUSINESS ESTABLISHMENT**

In what year was this business originally established?

Don't know

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### **FRANCHISE OPERATION**

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

Yes

No

### **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) ↙

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## 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 Funding from Owner(s)

## AMOUNT OF CAPITAL NEEDED TO START OR INITIALLY ACQUIRE BUSINESS

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 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

\$ \_\_\_\_\_ ,000

## 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.*

\$ \_\_\_\_\_ ,000

## 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 lines of credit, even if paid off during the year. Your best estimate is fine. Please report in thousands.*

\$ \_\_\_\_\_ ,000

**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.)

\$ \_\_\_\_\_,000

**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.*

\$ \_\_\_\_\_,000

**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> <u>receive the total</u> <u>amount</u> 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



**REASON FOR AVOIDANCE OF ADDITIONAL FINANCING**

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**

During 2014, where were this business’s customers or clients located? *Round to the nearest whole percent. Your best estimate is fine. If none, report “0.”*

Same region as the business	_____%
Outside of the region but within U.S. (Domestic)	_____%
Outside the United States (International)	_____%
<b>Total</b>	<b>100%</b>

**SALES OR EXPORTS OUTSIDE THE UNITED STATES**

In 2014, what percent of the business’s total sales of goods and/or services consisted of **exports outside the United States?**

\_\_\_\_\_%.0%                                      None                                      Don’t know

**OPERATIONS OUTSIDE THE UNITED STATES**

In 2014, did this business have operations outside the United States?

- Yes
- No

**OUTSOURCING OR TRANSFERS OUTSIDE THE UNITED STATES**

In 2014, did this business outsource or transfer any business function and/or service to 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

\$ \_\_\_\_\_,000

**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

\$ \_\_\_\_\_,000

**BUSINESS R&D COSTS**

In 2014, what percent of the costs of R&D services **performed by this business** consisted of the following purchase?

Note: To calculate R&D services performed by this business, subtract 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."

Employee payroll	_____%
Equipment purchases	_____%
Software and licensing purchases	_____%
Other R&D expenses	_____%
<b>Total</b>	<b>100%</b>

**FUNDING SOURCES FOR R&D ACTIVITIES**

In 2014, what percent of the costs of R&D services **performed by this business** was paid by the following sources? Note:

To calculate R&D services performed by this business, subtract 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	_____%
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)	_____%
<b>Total</b>	<b>100%</b>

**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 - <i>Include labor paid for temporary staff, contractors, independent contractors, and outside consultants.</i>	_____
Unpaid Workers/Interns	_____

**CURRENTLY OPERATING**

Is this business currently operating?

Yes

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	

**REMARKS**

Please use this space for any explanations that may be essential in understanding your reported data.