

Welcome to the 2015 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 2015, 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 2015, was this business owned by a government or tribal entity?

- Yes
 No

10 PERCENT or MORE OWNERSHIP

In 2015, 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 2015, 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 - If applicable, if not skip to page 14

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 2015, 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 2015, what was the average number of hours per week that *Owner 1* spent managing or working in this business?

- None
- Less than 20 hours
- 20-39 hours
- 40 hours
- 41-59 hours
- 60 hours or more

PRIMARY INCOME SOURCE

In 2015, 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

SEX

What is the sex of *Owner 1*?

- Male
- Female

AGE

What was the age of *Owner 1* as of December 31, 2015?

- Under 25
- 25-34
- 35-44
- 45-54
- 55-64
- 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*
-

- Asian Indian
 - Chinese
 - Filipino
 - Other Asian- *please enter race below. For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*
 - Japanese
 - Korean
 - Vietnamese
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
-

- 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 2015
- Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2015
- 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Balance work and family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opportunity for greater income/Wanted to build wealth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Best avenue for my ideas/goods/services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Couldn't find a job/Unable to find employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working for someone else didn't appeal to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Always wanted to start my own business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| An entrepreneurial friend or family member was a role model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 2015, 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 2015, what was the average number of hours per week that *Owner 2* spent managing or working in this business?

- None
- Less than 20 hours
- 20-39 hours
- 40 hours
- 41-59 hours
- 60 hours or more

PRIMARY INCOME SOURCE

In 2015, 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

SEX

What is the sex of *Owner 2*?

- Male
- Female

AGE

What was the age of *Owner 2* as of December 31, 2015?

- Under 25
- 25-34
- 35-44
- 45-54
- 55-64
- 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*
-

- Asian Indian
 - Chinese
 - Filipino
 - Other Asian - *please enter race below. For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*
 - Japanese
 - Korean
 - Vietnamese
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
-

- 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 – 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 2015
- Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2015
- 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 |
|---|--------------------------|--------------------------|--------------------------|
| Wanted to be my own boss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Balance work and family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opportunity for greater income/Wanted to build wealth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Best avenue for my ideas/goods/services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Couldn't find a job/Unable to find employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working for someone else didn't appeal to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Always wanted to start my own business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| An entrepreneurial friend or family member was a role model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 2015, 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 2015, what was the average number of hours per week that *Owner 3* spent managing or working in this business?

- None
- Less than 20 hours
- 20-39 hours
- 40 hours
- 41-59 hours
- 60 hours or more

PRIMARY INCOME SOURCE

In 2015, 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

SEX

What is the sex of *Owner 3*?

- Male
- Female

AGE

What was the age of *Owner 3* as of December 31, 2015?

- Under 25
- 25-34
- 35-44
- 45-54
- 55-64
- 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.*
-

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
- Indian or Alaska Native - *please enter name of enrolled or principal tribe below*

-
- Asian Indian
 - Chinese
 - Filipino
 - Other Asian - *please enter race below. For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*
 - Japanese
 - Korean
 - Vietnamese
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan

-
- 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 – 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 2015
- Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2015
- 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Balance work and family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opportunity for greater income/Wanted to build wealth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Best avenue for my ideas/goods/services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Couldn't find a job/Unable to find employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working for someone else didn't appeal to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Always wanted to start my own business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| An entrepreneurial friend or family member was a role model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 2015, 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 2015, what was the average number of hours per week that *Owner 4* spent managing or working in this business?

- None
- Less than 20 hours
- 20-39 hours
- 40 hours
- 41-59 hours
- 60 hours or more

PRIMARY INCOME SOURCE

In 2015, 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

SEX

What is the sex of *Owner 4*?

- Male
- Female

AGE

What was the age of *Owner 4* as of December 31, 2015?

- Under 25
- 25-34
- 35-44
- 45-54
- 55-64
- 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*
-
- Asian Indian
 - Chinese
 - Filipino
 - Other Asian - *please enter race below. For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*
 - Japanese
 - Korean
 - Vietnamese
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
-

- 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 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 2015
- Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2015
- 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 Important | Somewhat Important | Very Important |
|---|--------------------------|--------------------------|--------------------------|
| Wanted to be my own boss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Balance work and family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opportunity for greater income/Wanted to build wealth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Best avenue for my ideas/goods/services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Couldn't find a job/Unable to find employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working for someone else didn't appeal to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Always wanted to start my own business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| An entrepreneurial friend or family member was a role model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 2015, 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 2015, 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

YEAR OF BUSINESS ESTABLISHMENT

In what year was this business originally established?

Don't know

FRANCHISE OPERATION

In 2015, 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).)

- | | |
|--|--|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$100,000 - \$249,999 |
| <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$250,000 - \$999,999 |
| <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$1,000,000 - \$2,999,999 |
| <input type="checkbox"/> \$25,000 - \$49,999 | <input type="checkbox"/> \$3,000,000 or more |
| <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> Don't know |

FUNDING FROM FAMILY, FRIENDS, AND EMPLOYEES

For 2015, 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 2015, 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.*

\$ _____,000

FUNDING FROM OUTSIDE INVESTORS

For 2015, 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 2015, 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 2015, 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 amount</u> of the funding requested | Yes, but <u>did not receive the total amount</u> requested |
|---|--------------------------|--|--|
| Other owner(s) (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family, friends, or employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Banks, credit unions, or other financial institutions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home equity loans in name of business owners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Credit cards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trade credit (for example, buy now, pay later) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Angel Investors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Venture capitalists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other investor businesses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crowdfunding platform (for example, Prosper, Kickstarter, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grants (for example, Federal government’s Small Business Technology Transfer Program (STTR) or Small Business Innovation Research Program (SBIR)) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AVOIDANCE OF ADDITIONAL FINANCING

At any time during 2015, 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 2015, did this business have profits, losses, or break even? **(Select one)**

- Profits
- Losses
- Break even

NEGATIVE IMPACT ON PROFITABILITY

For 2015, did each of the following negatively impact the profitability of this business? **(Select one in each row)**

| | Yes | No |
|---|--------------------------|--------------------------|
| Access to financial capital | <input type="checkbox"/> | <input type="checkbox"/> |
| Cost of financial capital | <input type="checkbox"/> | <input type="checkbox"/> |
| Finding qualified labor | <input type="checkbox"/> | <input type="checkbox"/> |
| Taxes | <input type="checkbox"/> | <input type="checkbox"/> |
| Slow business or lost sales | <input type="checkbox"/> | <input type="checkbox"/> |
| Customers or clients not making payments or paying late | <input type="checkbox"/> | <input type="checkbox"/> |
| The unpredictability of business conditions | <input type="checkbox"/> | <input type="checkbox"/> |
| Changes or updates in technology | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> |

TYPES OF CUSTOMERS

In 2015, 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 2015, 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) | _____% |
| Total | 100% |

SALES OR EXPORTS OUTSIDE THE UNITED STATES

In 2015, 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 2015, did this business have operations outside the United States?

- Yes
 No

OUTSOURCING OR TRANSFERS OUTSIDE THE UNITED STATES

In 2015, did this business outsource or transfer any business function and/or service to another company outside the United States?

- Yes
 No

LANGUAGE

In 2015, which language(s) did this business conduct transactions with its customers? **Select all that apply.**

- | | | |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> African language(s) | <input type="checkbox"/> Hindi/Urdu | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Polish | <input type="checkbox"/> Other |

TYPES OF WORKERS

In 2015, which of the following types of workers were used by this business? **Select all that apply.**

- Full-time paid employees (workers who received a W-2)
 Part-time paid employees (workers who received a W-2)
 Paid 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 (workers who received a 1099 or payment from another company)
 None of the above – Skip to Record-Keeping and Decision Making for Budgeting and Finance Activities

PERCENTAGES OF TYPES OF WORKERS

In 2015, on average what percent of the total number of workers was accounted for by each of the following Types of Workers? Round to the nearest whole percent. Your best estimate is fine. Total should sum to 100%.

| Types of Workers | Please report % |
|---|-----------------|
| Full-time paid employees | |
| Part-time paid employees | |
| Paid day laborers | |
| Temporary staffing obtained from a temporary help service | |
| Leased employees from a leasing service of a professional employer organization | |
| Contractors, subcontractors, independent contractors, or outside consultants | |
| Total | 100% |

TYPES OF TASKS PERFORMED BY FULL-TIME PAID EMPLOYEES

If you selected "**Full-time paid employees**" in 'Types of Workers' above, please answer the following question.

In 2015, what types of tasks did **full-time paid employees** (workers who received a W-2) perform? **Select all that apply.**

- Procurement, logistics, and distribution
- Operations (*Primary business activities related to producing this business's goods and/or services*)
- Marketing, sales, and customer accounts
- Customer and after sales service
- Product or service development
- Technology and process development
- General management and firm infrastructure
- Human resources management
- Strategic management
- None of the above

TYPES OF TASKS PERFORMED BY PART-TIME PAID EMPLOYEES

If you selected "**Part-time paid employees**" in 'Types of Workers' above, please answer the following question.

In 2015, what types of tasks did **part-time paid employees** (workers who received a W-2) perform? **Select all that apply.**

- Procurement, logistics, and distribution
- Operations (*Primary business activities related to producing this business's goods and/or services*)
- Marketing, sales, and customer accounts
- Customer and after sales service
- Product or service development
- Technology and process development
- General management and firm infrastructure
- Human resources management
- Strategic management
- None of the above

TYPES OF TASKS PERFORMED BY PAID BY DAY LABORERS

If you selected "**Paid day laborers**" in 'Types of Workers' above, please answer the following question.

In 2015, what types of tasks did **paid day laborers** perform? **Select all that apply.**

- Procurement, logistics, and distribution
- Operations (*Primary business activities related to producing this business's goods and/or services*)
- Marketing, sales, and customer accounts

- Customer and after sales service
- Product or service development
- Technology and process development
- General management and firm infrastructure
- Human resources management
- Strategic management
- None of the above

TYPES OF TASKS PERFORMED BY TEMPORARY STAFFING OBTAINED FROM A TEMPORARY HELP SERVICE

If you selected "**Temporary staff obtained from a temporary help service**" in 'Types of Workers' above, please answer the following question.

In 2015, what types of tasks did **temporary staff obtained from a temporary help service** perform? **Select all that apply.**

- Procurement, logistics, and distribution
- Operations (*Primary business activities related to producing this business's goods and/or services*)
- Marketing, sales, and customer accounts
- Customer and after sales service
- Product or service development
- Technology and process development
- General management and firm infrastructure
- Human resources management
- Strategic management
- None of the above

TYPES OF TASKS PERFORMED BY LEASED EMPLOYEES FROM A LEASING SERVICE OR PROFESSIONAL EMPLOYER ORGANIZATION

If you selected "**Leased employees from a leasing service or a professional employer organization**" in 'Types of Workers' above, please answer the following question.

In 2015, what types of tasks did **leased employees from a leasing service or a professional employer organization** perform? **Select all that apply.**

- Procurement, logistics, and distribution
- Operations (*Primary business activities related to producing this business's goods and/or services*)
- Marketing, sales, and customer accounts
- Customer and after sales service
- Product or service development
- Technology and process development
- General management and firm infrastructure
- Human resources management
- Strategic management
- None of the above

TYPES OF TASKS PERFORMED BY CONTRACTORS, SUBCONTRACTORS, INDEPENDENT CONTRACTORS, OR OUTSIDE CONSULTANTS

If you selected "**Contractors, subcontractors, independent contractors, or outside consultants**" in 'Types of Workers' above, please answer the following question.

In 2015, what types of tasks did **contractors, subcontractors, independent contractors, or outside consultants** (workers who received a 1099 or payment from another company) perform? **Select all that apply.**

- Procurement, logistics, and distribution
- Operations (*Primary business activities related to producing this business's goods and/or services*)
- Marketing, sales, and customer accounts
- Customer and after sales service

- Product or service development
- Technology and process development
- General management and firm infrastructure
- Human resources management
- Strategic management
- None of the above

MANAGING SERVICE OR PRODUCTION PROBLEMS

In 2015, what best describes what happened at this business when a service or production problem arose? ***For example, finding a quality defect in a product or piece of equipment breaking down.***

- We fixed it but did not take further action
- We fixed it and took action to make sure that it did not happen again
- We fixed it and took action to make sure that it did not happen again, and had a continuous improvement process to anticipate problems liked these in advance
- No action was taken
- No service or production problem arose

NUMBER OF KEY PERFORMANCE INDICATORS

In 2015, how many key performance indicators were monitored at this business? Key performance indicators are formal, quantifiable measures of performance or quality at this business.

- 1-2 key performance indicators
- 3-9 key performance indicators
- 10 or more key performance indicators
- No key performance indicators – Skip to Business Targets

FREQUENCY OF KEY PERFORMANCE INDICATORS

During 2015, how frequently were the key performance indicators reviewed at this business? **Select all that apply.**

- Yearly
- Quarterly
- Monthly
- Weekly
- Daily
- Hourly or more frequently
- Never

BUSINESS TARGETS

In 2015, what best describes the time frame of business, service, or production targets at this business? **Select ONE box only.** *Examples of business, service, or production targets include number of customers, production, quality, efficiency, sales, waste, on-time delivery.*

- Main focus was on short term (less than one year) targets
- Main focus was on long term (one year or more) targets
- Combination of short-term and long-term targets
- No targets - Skip to Employee Promotion

In 2015, how easy or difficult would it have been to achieve business, service, or production targets at this business? **Select ONE box only.**

Were possible to achieve with:

- Minimal effort
- Less than normal effort

- Normal effort
- More than normal effort
- Extraordinary effort

EMPLOYEE PROMOTION

In 2015, what was the primary way employees were promoted at this business? **Select ONE box**

only. Promotions were based solely on performance and ability

Promotions were based partly on performance and ability and partly on other factors (for example, tenure or family connections)

Promotions were based mainly on factors other than performance and ability (for example, tenure or family connections)

Employees are not normally promoted

UNDER-PERFORMING EMPLOYEE

In 2015, when was an under-performing employee reassigned or dismissed? **Select ONE box only.**

Within 6 months of identifying employee under-performance

After 6 months of identifying employee under-performance

Under-performing employees are not normally reassigned or dismissed

No under-performing employees identified

RECORD-KEEPING AND DECISION MAKING FOR BUDGETING AND FINANCE ACTIVITIES

In 2015, how did this business handle its record-keeping for budgeting and finance activities? **Select all that apply.**

Kept paper records

Kept electronic records

Records handled by another business

Records not kept for budgeting and finance activities – Skip to Record-keeping and Decision Making for Sales and Purchases Activities

In 2015, were data from records for this business's budgeting and finance activities used in **decisions** regarding any of the following? **Select all that apply.**

Design of new products or services

Forecasting demand for products or services

Ordering supplies or materials

Scheduling or managing deliveries

Financial planning

Targeting potential customers

Preparing this business's taxes

Other (specify)

RECORD-KEEPING AND DECISION MAKING FOR SALES AND PURCHASES ACTIVITIES

In 2015, how did this business handle its record-keeping for sales and purchases activities? **Select all that apply.**

Kept paper records

Kept electronic records

Records handled by another business

Records not kept for sales and purchases activities – Skip to Currently Operating

In 2015, were data from records for this business's sales and purchases activities used in **decisions** regarding any of the following? **Select all that apply.**

- Design of new products or services
- Forecasting demand for products or services
- Ordering supplies or materials
- Scheduling or managing deliveries
- Financial planning
- Targeting potential customers
- Preparing this business's taxes
- Other (specify)

EMPLOYEE BENEFITS

In 2015, 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 2015, did this business have a website?

- Yes
- No

E-COMMERCE

In 2015, 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 2015, what percent of this business's total sales of goods and/or services were e-commerce sales?

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Less than 1% | <input type="checkbox"/> 20% - 49% |
| <input type="checkbox"/> 1% - 4% | <input type="checkbox"/> 50% - 99% |
| <input type="checkbox"/> 5% - 9% | <input type="checkbox"/> 100% |
| <input type="checkbox"/> 10% - 19% | <input type="checkbox"/> Don't know |

HOME OPERATION

In 2015, did this business operate primarily from somebody's home?

- Yes
- No

COPYRIGHTS, TRADEMARKS, AND PATENTS

In 2015, did this business own one or more of the following? **Select all that apply.**

- | | | |
|------------------------------------|---|-------------------------------|
| <input type="checkbox"/> Copyright | <input type="checkbox"/> Patent (granted) | <input type="checkbox"/> None |
| <input type="checkbox"/> Trademark | <input type="checkbox"/> Patent (pending) | |

BUSINESS ACTIVITY

In 2015, 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

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.**

- | | |
|--|--|
| <input type="checkbox"/> Owner's military deployment | <input type="checkbox"/> Lack of business loans/credit |
| <input type="checkbox"/> Owner's illness or injury | <input type="checkbox"/> Lack of personal loans/credit |
| <input type="checkbox"/> Owner(s) retired | <input type="checkbox"/> Started another business |
| <input type="checkbox"/> Owner(s) deceased | <input type="checkbox"/> Sold this business |
| <input type="checkbox"/> Operated for a specific or one-time event | <input type="checkbox"/> Other |
| <input type="checkbox"/> Inadequate cash flow or low sales | |

REMARKS

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

THANK YOU