

## Welcome to the 2016 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://portal.census.gov> 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 2016, 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 people – Skip to 10 percent or more ownership
  - 3 people - Skip to 10 percent or more ownership
  - 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 2016, was this business owned by a government or tribal entity?

- Yes  
 No

### 10 PERCENT or MORE OWNERSHIP

In 2016, did at least one **person** own 10% or more of this business? (Do not count parent companies, estates, trusts or other entities.)

- Yes  
 No

### PERCENT OWNERSHIP

For the person(s) owning the largest percentage(s) in this business in 2016, 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%.

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

**OWNER 1 – If applicable, if not skip to page 18****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 2016, 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 2016, what was the average number of hours per week that *Owner 1* spent managing or working in this business?

- |   |   |
|---|---|
| <input type="checkbox"/> None               | <input type="checkbox"/> 40 hours         |
| <input type="checkbox"/> Less than 20 hours | <input type="checkbox"/> 41-59 hours      |
| <input type="checkbox"/> 20-39 hours        | <input type="checkbox"/> 60 hours or more |

**PRIMARY INCOME SOURCE**

In 2016, 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, how many previous businesses has *Owner 1* owned?

- 0  
 1  
 2  
 3  
 4  
 5 or more

**EDUCATION PRIOR TO OWNING THE BUSINESS**

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

**FIELD OF HIGHEST DEGREE PRIOR TO OWNING THE BUSINESS**

**Prior to** establishing, purchasing, or acquiring this business, what was the field of the highest degree completed for *Owner 1*? **(Select all that apply)**

- Agriculture, Environmental and Related  
 Architecture and Building  
 Business or Finance  
 Education  
 Engineering and Related Technologies  
 Food or Hospitality  
 Health, Medicine or Pharmacy  
 Humanities or Arts  
 Information Technology or Computer Science  
 Law or Legal Studies  
 Mathematics, Economics, or Statistics  
 Natural and Physical Sciences  
 Social Sciences  
 Other (Specify)  
 No Bachelor's, Master's, Doctorate, or Professional Degree  
 Don't know

**SEX**

What is the sex of *Owner 1*?

- Male  
 Female

**AGE**

What was the age of *Owner 1* as of December 31, 2016?

- 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
- 

- 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 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 2016
- Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2016
- 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 18****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 2016, 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 2016, 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 2016, 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, how many previous businesses has *Owner 2* owned?

- 0  
 1  
 2  
 3  
 4  
 5 or more

**EDUCATION PRIOR TO OWNING THE BUSINESS**

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

**FIELD OF HIGHEST DEGREE PRIOR TO OWNING THE BUSINESS**

**Prior to** establishing, purchasing, or acquiring this business, what was the field of the highest degree completed for *Owner 2*? **(Select all that apply)**

- Agriculture, Environmental and Related
- Architecture and Building
- Business or Finance
- Education
- Engineering and Related Technologies
- Food or Hospitality
- Health, Medicine or Pharmacy
- Humanities or Arts
- Information Technology or Computer Science
- Law or Legal Studies
- Mathematics, Economics, or Statistics
- Natural and Physical Sciences
- Social Sciences
- Other (Specify)
- No Bachelor's, Master's, Doctorate, or Professional Degree
- Don't know

**SEX**

What is the sex of *Owner 2*?

- Male
- Female

**AGE**

What was the age of *Owner 2* as of December 31, 2016?

- 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  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 – 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 2016  
 Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2016  
 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"/>

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**OWNER 3 - If applicable, if not skip to page 18****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 2016, 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 2016, 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 2016, 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, how many previous businesses has *Owner 3* owned?

- 0  
 1  
 2  
 3  
 4  
 5 or more

**EDUCATION PRIOR TO OWNING THE BUSINESS**

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

**FIELD OF HIGHEST DEGREE PRIOR TO OWNING THE BUSINESS**

**Prior to establishing, purchasing, or acquiring this business, what was the field of the highest degree completed for *Owner 3*? (Select all that apply)**

- Agriculture, Environmental and Related
  - Architecture and Building
  - Business or Finance
  - Education
  - Engineering and Related Technologies
  - Food or Hospitality
  - Health, Medicine or Pharmacy
  - Humanities or Arts
  - Information Technology or Computer Science
  - Law or Legal Studies
  - Mathematics, Economics, or Statistics
  - Natural and Physical Sciences
  - Social Sciences
  - Other (Specify)
- 
- No Bachelor's, Master's, Doctorate, or Professional Degree
  - Don't know

**SEX**

What is the sex of *Owner 3*?

- Male
- Female

**AGE**

What was the age of *Owner 3* as of December 31, 2016?

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 45-54      |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 55-64      |
| <input type="checkbox"/> 35-44    | <input type="checkbox"/> 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
  - American Indian or Alaska Native - please enter name of enrolled or principal tribe below
- 

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Korean     | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> 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.

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Some other race- please enter race below.

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**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 2016
- Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2016
- 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)			

**OWNER 4 - If applicable, if not skip to page 18****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 2016, 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 2016, 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 2016, 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, how many previous businesses has *Owner 4* owned?

- 0  
 1  
 2  
 3  
 4  
 5 or more

**EDUCATION PRIOR TO OWNING THE BUSINESS**

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

**FIELD OF HIGHEST DEGREE PRIOR TO OWNING THE BUSINESS**

**Prior to** establishing, purchasing, or acquiring this business, what was the field of the highest degree completed for *Owner 4*? **(Select all that apply)**

- Agriculture, Environmental and Related
- Architecture and Building
- Business or Finance
- Education
- Engineering and Related Technologies
- Food or Hospitality
- Health, Medicine or Pharmacy
- Humanities or Arts
- Information Technology or Computer Science
- Law or Legal Studies
- Mathematics, Economics, or Statistics
- Natural and Physical Sciences
- Social Sciences
- Other (Specify)
- No Bachelor's, Master's, Doctorate, or Professional Degree
- Don't know

**SEX**

What is the sex of *Owner 4*?

- Male
- Female

**AGE**

What was the age of *Owner 4* as of December 31, 2016?

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 45-54      |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 55-64      |
| <input type="checkbox"/> 35-44    | <input type="checkbox"/> 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
- 

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Korean     | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> 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.

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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 – 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 2016  
 Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2016  
 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"/>

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## **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 2016, did **two or more members of one family own the majority** of this business? (Family refers to spouses/unmarried partners, parents/guardians, children, siblings, or close relatives.)

- Yes  
 No

### **JOINT OWNERSHIP**

Did spouses/unmarried partners jointly own this business?

- Yes  
 No – Skip to Business Aspirations

### **EQUAL OPERATION**

Was this business operated equally by both spouses/unmarried partners?

- Yes, equally operated by spouses/unmarried partners  
 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 2016, 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 2016, 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 Funding from Family, Friends, and Employees

**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).)

- |  |  |
|--|--|
| <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 2016, 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 2016, 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 2016, 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 2016, 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 2016, 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"/>

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**BUSINESS BANKING RELATIONSHIPS**

In 2016, were this business's banking relationships with the same financial institutions as any of the owner's personal banking relationships? Banking relationships include business checking or savings accounts, credit cards, loans, etc. **Select one.**

- Yes
- No – Skip to Outstanding Loans
- The owners had no business banking relationships – Skip to Outstanding Loans
- Don't know – Skip to Outstanding Loans

**BANKING RELATIONSHIP DURATION**

How long were the owners' personal banking relationships in place before financial transactions were first conducted by this business? **Select one.**

- 0 - 1 month
- 2 - 5 months
- 6 - 12 months
- More than 12 months
- Don't know

**OUTSTANDING LOANS**

In 2016, was this business required to provide collateral or loan guarantee for any outstanding loan? **Select one.**

- Business did not have an outstanding loan
- Yes
- No
- Don't Know

**PURCHASES ON ACCOUNT**

In 2016, did this business make any purchases on account or using trade credits? Trade credits are invoice payment terms a business establishes with their suppliers allowing them to purchase goods or services now and at a later date.

- Yes
- No

**AVOIDANCE OF ADDITIONAL FINANCING**

At any time during 2016, did this business need additional financing?

- Yes, business needed additional financing and the owner(s) **chose not to apply**
- Yes, business needed additional financing and the owner(s) **did apply** - Skip to Profitability
- No, business **did not need** additional financing – 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 time 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 2016, did this business have profits, losses, or break even? **(Select one)**

- Profits
- Losses
- Break even

**NEGATIVE IMPACT ON PROFITABILITY**

For 2016, 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"/>
<b>Government regulations (federal, state, and/or local)</b>	<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"/>

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**TYPES OF REGULATIONS**

For 2016, what impact did each of the following types of government regulations have on this business's profitability?

**(Select one in each row)**

	Very Negative	Somewhat Negative	No Impact	Somewhat Positive	Very Positive	Not Applicable
Employee hiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational health and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business and professional licensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building and renovation permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health permits and inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REGULATIONS AND STARTING OR ACQUIRING THE BUSINESS**

What impact did regulations have on the ability to initially start or acquire this business?

- Positive impact  
 Negative impact  
 No impact  
 Don't know

**REGULATIONS AND GROWTH OF THE BUSINESS**

During 2016, what impact did regulations have on expanding this business's operations, such as by increasing production, adding locations, or attaining new customers?

- Positive impact  
 Negative impact  
 No impact  
 Business did not plan to expand operations  
 Don't know

**REASONS FOR SEEKING BUSINESS ADVICE**

During 2016, what was this business's primary reason(s) for seeking paid or unpaid business advice or mentoring from others? *Select all that apply.*

- Employee relations (for example, hiring, workforce retention, employee performance/growth, employee separation)
- Management and day-to-day operations
- Product development and innovation
- Investment and access to capital
- Succession planning and exit strategy
- Increasing sales
- Reducing costs
- Taxes and accounting
- Business finances
- Regulatory compliance
- Technology/ Information Technology
- Key performance indicators and business targets
- Copyrights, trademarks, and patents
- Legal
- Did not seek advice/mentoring – Skip to Exit Strategy
- Other, specify

**PROVIDERS OF BUSINESS ADVICE**

During 2016, from whom did this business seek the advice or mentoring selected in the 'Reasons for Seeking Business Advice' question? **Select all that apply.**

- Family (Family refers to spouses or unmarried partners, parents/guardians, children, siblings, or close relatives.)
- Friends
- Professional colleagues
- Employees
- Legal and professional advisors
- Customers
- Suppliers
- Government-supported technical assistance program (for example, Small Business Administration (SBA) Small Business Development Center, Women's Business Center, or Minority Business Development Agency (MBDA) Business Center)
- Other (Specify)

**OUTCOME OF ADVICE OR MENTORING**

During 2016, did the advice or mentoring selected in the 'Reasons for Seeking Business Advice' question lead to positive business outcomes or changes in business operation that are anticipated to be positive?

- Yes
- No



**EXIT STRATEGY**

Which of the following best describes this business's current exit strategy for any of the owners? An exit strategy is a plan the business owners create to describe how they intend to exit the business and capture their investment. *Select all that apply.*

- Walk away from the business
- Liquidate or sell off assets and repay the business's liabilities
- Sell the business to employees or managers (for example, offer an Employee Stock Ownership Program (ESOP), management buy-out, or employee buy-out)
- Sell or merge the business with another firm
- Sell the business to another individual that is not an owner of the same business
- Sell or transfer ownership to another owner of the same business
- Sell or transfer ownership of the business to a family member(s) that is not an owner of the same business
- Prepare an Initial Public Offering (IPO)
- Other (Specify) \_\_\_\_\_
- Business does not currently have an exit strategy for any owner

**TYPES OF CUSTOMERS**

In 2016, 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 2016, 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 2016, 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 2016, did this business have operations outside the United States?

- Yes
- No

**OUTSOURCING OR TRANSFERS OUTSIDE THE UNITED STATES**

In 2016, did this business outsource or transfer any business function and/or service to another company outside the United States?

- Yes
- No

**LANGUAGE**

In 2016, 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 2016, 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 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 (workers who received a 1099 or payment from another company)
- None of the above

**EMPLOYEE BENEFITS**

In 2016, 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 2016, did this business have a website?

- Yes
- No

**E-COMMERCE**

In 2016, 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 2016, 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 2016, did this business operate primarily from somebody's home?

- Yes
- No

**COPYRIGHTS, TRADEMARKS, AND PATENTS**

In 2016, did this business own one or more of the following? **Select all that apply.**

- Copyright
- Patent (granted)
- None
- Trademark
- Patent (pending)

**BUSINESS ACTIVITY**

In 2016, 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.**

- 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.

**THANK YOU**