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 (Table Name: SE1500CSCB01 Table Field: OWNRNUM)

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% 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%.

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

REPORT ONLINE - DO NOT RETURN

OWNER 1 – If applicable, if not skip to page 14

INITIAL ACQUISITION (Table Name: SE1500CSCBO01 Table Field: ACQBUS)
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 (Table Name: SE1500CSCBO02 Table Field: YRACQBUS)
In what year did *Owner 1* acquire ownership of this business?

Year _____ Don't Know ☐

JOB FUNCTION(S) (Table Name: SE1500CSCBO03 Table Field: PFNCT)
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 (Table Name: SE1500CSCBO04 Table Field: HRSWRKD)
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 (Table Name: SE1500CSCBO05 Table Field: PRMINC)
In 2015, did this business provide *Owner 1*'s primary source of personal income?

- ☐ Yes
- ☐ No

PRIOR BUSINESS OWNERSHIP (Table Name: SE1500CSCBO06 Table Field: PRIORBUS)
Prior to establishing, purchasing, or acquiring this business, had *Owner 1* ever owned a business?

- ☐ Yes
- ☐ No

EDUCATION (Table Name: SE1500CSCBO07 Table Field: EDUC)
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 (Table Name:SE1500CSA01 Table Field: SEX)

What is the sex of *Owner 1*?

- ☐ Male
- ☐ Female

AGE (Table Name: SE1500CSCBO08 Table Field: OWNRAGE)

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 (Table Name: SE1500CSCBO09 Table Field: USBORNCIT)

Was *Owner 1* born a citizen of the United States?

- ☐ Yes
- ☐ No

ETHNICITY (Table Name: SE1500CSA01 Table Field: ETH_GROUP)

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 (Table Name: SE1500CSA01 Table Field: RACE_GROUP)

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
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ 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 (Table Name: SE1500CSA01 Table Field: VET_GROUP)

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.**
(Table Name: SE1500CSCBO10 Table Field: VETSPECIFIC)

- ☐ 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 (Table Name: SE1500CSCBO11 Table Field: REASONOWN)

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

	Not Important	Somewhat Important	Very Important
Wanted to be my own boss	☐	☐	☐
Flexible hours	☐	☐	☐
Balance work and family	☐	☐	☐
Opportunity for greater income/Wanted to build wealth	☐	☐	☐
Best avenue for my ideas/goods/services	☐	☐	☐
Couldn't find a job/Unable to find employment	☐	☐	☐
Working for someone else didn't appeal to me	☐	☐	☐
Always wanted to start my own business	☐	☐	☐
An entrepreneurial friend or family member was a role model	☐	☐	☐
Other (Specify) ↙	☐	☐	☐

_____

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

INITIAL ACQUISITION (Table Name: SE1500CSCBO01 Table Field: ACQBUS)
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 (Table Name: SE1500CSCBO02 Table Field: YRACQBUS)
In what year did *Owner 2* acquire ownership of this business?

Year _____ Don't know ☐

JOB FUNCTION(S) (Table Name: SE1500CSCBO03 Table Field: PFNCT)
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 (Table Name: SE1500CSCBO04 Table Field: HRSWRKD)
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 (Table Name: SE1500CSCBO05 Table Field: PRMINC)
In 2015, did this business provide *Owner 2*'s primary source of personal income?

- ☐ Yes
- ☐ No

PRIOR BUSINESS OWNERSHIP (Table Name: SE1500CSCBO06 Table Field: PRIORBUS)
Prior to establishing, purchasing, or acquiring this business, had *Owner 2* ever owned a business?

- ☐ Yes
- ☐ No

EDUCATION (Table Name: SE1500CSCBO07 Table Field: EDUC)
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 (Table Name: SE1500CSA01 Table Field: SEX)

What is the sex of *Owner 2*?

- ☐ Male
- ☐ Female

AGE (Table Name: SE1500CSCBO08 Table Field: OWNRAGE)

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 (Table Name: SE1500CSCBO09 Table Field: USBORNCIT)

Was *Owner 2* born a citizen of the United States?

- ☐ Yes
- ☐ No

ETHNICITY (Table Name: SE1500CSA01 Table Field: ETH_GROUP)

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 (Table Name: SE1500CSA01 Table Field: RACE_GROUP)

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
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ 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 (Table Name: SE1500CSA01 Table Field: VET_GROUP)

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

(Table Name: SE1500CSCBO10 Table Field: VETSPECIFIC)

(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 (Table Name: SE1500CSCBO11 Table Field: REASONOWN)

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	☐	☐	☐
Flexible hours	☐	☐	☐
Balance work and family	☐	☐	☐
Opportunity for greater income/Wanted to build wealth	☐	☐	☐
Best avenue for my ideas/goods/services	☐	☐	☐
Couldn't find a job/Unable to find employment	☐	☐	☐
Working for someone else didn't appeal to me	☐	☐	☐
Always wanted to start my own business	☐	☐	☐
An entrepreneurial friend or family member was a role model	☐	☐	☐
Other (Specify) ↙	☐	☐	☐

_____

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

INITIAL ACQUISITION (Table Name: SE1500CSCBO01 Table Field: ACQBUS)
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 (Table Name: SE1500CSCBO02 Table Field: YRACQBUS)
In what year did *Owner 3* acquire ownership of this business?

Year _____ Don't Know ☐

JOB FUNCTION(S) (Table Name: SE1500CSCBO03 Table Field: PFNCT)
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 (Table Name: SE1500CSCBO04 Table Field: HRSWRKD)
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 (Table Name: SE1500CSCBO05 Table Field: PRMINC)
In 2015, did this business provide *Owner 3*'s primary source of personal income?

- ☐ Yes
- ☐ No

PRIOR BUSINESS OWNERSHIP (Table Name: SE1500CSCBO06 Table Field: PRIORBUS)
Prior to establishing, purchasing, or acquiring this business, had *Owner 3* ever owned a business?

- ☐ Yes
- ☐ No

EDUCATION (Table Name: SE1500CSCBO07 Table Field: EDUC)
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 (Table Name: SE1500CSA01 Table Field: SEX)
What is the sex of *Owner 3*?

- ☐ Male
- ☐ Female

AGE (Table Name: SE1500CSCBO08 Table Field: OWNRAGE)
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 (Table Name: SE1500CSCBO09 Table Field: USBORNCIT)
Was *Owner 3* born a citizen of the United States?

- ☐ Yes
- ☐ No

ETHNICITY (Table Name: SE1500CSA01 Table Field: ETH_GROUP)
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 (Table Name: SE1500CSA01 Table Field: RACE_GROUP)
What is *Owner 3's* race? NOTE: For this survey, Hispanic origins are not races. **Select all that apply.**

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native - please enter name of enrolled or principal tribe below.

_____

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ 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 (Table Name: SE1500CSA01 Table Field: VET_GROUP)
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

(Table Name: SE1500CSCBO10 Table Field: VETSPECIFIC)
(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 (Table Name: SE1500CSCBO11 Table Field: REASONOWN)
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 14

INITIAL ACQUISITION (Table Name: SE1500CSCBO01 Table Field: ACQBUS)
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 (Table Name: SE1500CSCBO02 Table Field: YRACQBUS)
In what year did *Owner 4* acquire ownership of this business?

Year _____ Don't Know ☐

JOB FUNCTION(S) (Table Name: SE1500CSCBO03 Table Field: PFNCT)
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 (Table Name: SE1500CSCBO04 Table Field: HRSWRKD)
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 (Table Name: SE1500CSCBO05 Table Field: PRMINC)
In 2015, did this business provide *Owner 4*'s primary source of personal income?

- ☐ Yes
- ☐ No

PRIOR BUSINESS OWNERSHIP (Table Name: SE1500CSCBO06 Table Field: PRIORBUS)
Prior to establishing, purchasing, or acquiring this business, had *Owner 4* ever owned a business?

- ☐ Yes
- ☐ No

EDUCATION (Table Name: SE1500CSCBO07 Table Field: EDUC)
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 (Table Name: SE1500CSA01 Table Field: SEX)
What is the sex of *Owner 4*?

- ☐ Male
- ☐ Female

AGE (Table Name: SE1500CSCBO08 Table Field: OWNRAGE)
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 (Table Name: SE1500CSCBO09 Table Field: USBORNCIT)
Was *Owner 4* born a citizen of the United States?

- ☐ Yes
- ☐ No

ETHNICITY (Table Name: SE1500CSA01 Table Field: ETH_GROUP)
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 (Table Name: SE1500CSA01 Table Field: RACE_GROUP)
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
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ 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 (Table Name: SE1500CSA01 Table Field: VET_GROUP)

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

(Table Name: SE1500CSCBO10 Table Field: VETSPECIFIC)

(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 (Table Name: SE1500CSCBO11 Table Field: REASONOWN)

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	☐	☐	☐
Flexible hours	☐	☐	☐
Balance work and family	☐	☐	☐
Opportunity for greater income/Wanted to build wealth	☐	☐	☐
Best avenue for my ideas/goods/services	☐	☐	☐
Couldn't find a job/Unable to find employment	☐	☐	☐
Working for someone else didn't appeal to me	☐	☐	☐
Always wanted to start my own business	☐	☐	☐
An entrepreneurial friend or family member was a role model	☐	☐	☐
Other (Specify) ↙	☐	☐	☐

_____

Business Specific Questions

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

ONE FAMILY MAJORITY OWNERSHIP (Table Name: SE1500CSCB02 Table Field: FAMOWN)
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? **(Table Name: SE1500CSCB03 Table Field: SPOUSES)**

- ☐ 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 (Table Name: SE1500CSCB04 Table Field: BUSASPIR)
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) (Table Name: SE1500CSCB09 Table Field: FUNDSRC)
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 (Table Name: SE1500CSCB05 Table Field: YRESTBUS)
In what year was this business originally established?

Year	Don't know
_____	☐

FRANCHISE OPERATION (Table Name: SE1500CSCB06 Table Field: OPFRAN)
In 2015, did all or part of this business operate as a franchise?

- ☐ Yes
- ☐ No

CAPITAL FUNDING (Table Name: SE1500CSCB07 Table Field: STRTSRCE)

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

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).) **(Table Name: SE1500CSCB08 Table Field: ACQBUSCAP)**

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

FUNDING FROM FAMILY, FRIENDS, AND EMPLOYEES (Table Name: SE1500CSCB09 Table Field: FUNDSRC)

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 (Table Name: SE1500CSCB09 Table Field: FUNDSRC)

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 (Table Name: SE1500CSCB09 Table Field: FUNDSRC)

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 (Table Name: SE1500CSCB09 Table Field: FUNDSRC)

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 (Table Name: SE1500CSCB10 Table Field: NEWFUNDREL)

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

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AVOIDANCE OF ADDITIONAL FINANCING (Table Name: SE1500CSCB11 Table Field: AVOIDFINAN)

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 (Table Name: SE1500CSCB11 Table Field: AVOIDFINAN)

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 (Table Name: SE1500CSCB12 Table Field: PROFIT)

For 2015, did this business have profits, losses, or break even? **(Select one)**

- ☐ Profits
- ☐ Losses
- ☐ Break even

NEGATIVE IMPACT ON PROFITABILITY (Table Name: SE1500CSCB13 Table Field: NEGPROFIT)

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	☐	☐
Cost of financial capital	☐	☐
Finding qualified labor	☐	☐
Taxes	☐	☐
Slow business or lost sales	☐	☐
Customers or clients not making payments or paying late	☐	☐
The unpredictability of business conditions	☐	☐
Changes or updates in technology	☐	☐
Other (Specify) ↙	☐	☐

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TYPES OF CUSTOMERS (Table Name: SE1500CSCB14 Table Field: CUST)

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 (Table Name: SE1500CSCB15 Table Field: CUSTLOCPCT)
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 OF EXPORTS OUTSIDE THE UNITED STATES (Table Name: SE1500CSCB16 Table Field: PEXPORT)
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 (Table Name: SE1500CSCB17 Table Field: BUSOUTUS)
In 2015, did this business have operations outside the United States?

☐ Yes
☐ No

OUTSOURCING OR TRANSFERS OUTSIDE THE UNITED STATES (Table Name: SE1500CSCB18 Table Field: OUTSRCUS)
In 2015, did this business outsource or transfer any business function and/or service to another company outside the United States?

☐ Yes
☐ No

LANGUAGE(S) (Table Name: SE1500CSCB19 Table Field: LANG)
In 2015, which language(s) did this business conduct transactions with its customers? **Select all that apply.**

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

TYPES OF WORKERS (Table Name: SE1500CSCB20 Table Field: 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 Managing Service or Production Problems

PERCENTAGES OF TYPES OF WORKERS (Table Name: SE1500CSCB28 Table Field: WORKERPCT)
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 (Table Name: SE1500CSCB29 Table Field: TYPTASKS)
If you selected "**Full-time paid employees**" in 'Types of Workers', 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 (Table Name: SE1500CSCB29 Table Field: TYPTASKS)
If you selected "**Part-time paid employees**" in 'Types of Workers', 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 DAY LABORERS (Table Name: SE1500CSCB29 Table Field: TYPTASKS)
If you selected "**Paid day laborers**" in 'Types of Workers', 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 staffing obtained from a temporary help service**" in 'Types of Workers', please answer the following question. **(Table Name: SE1500CSCB29 Table Field: TYPTASKS)**

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 (Table Name: SE1500CSCB29 Table Field: TYPTASKS)
If you selected "**Leased employees from a leasing service or a professional employer organization**" in 'Types of Workers', please answer the following question.

In 2015, what types of tasks did **leased employees from a leasing service or 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 (Table Name: SE1500CSCB29 Table Field: TYPTASKS)
If you selected "**Contractors, subcontractors, independent contractors, or outside consultants**" in 'Types of Workers', 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 (Table Name: SE1500CSCB30 Table Field: SERVICEPROB)
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 like these in advance
- ☐ No action was taken
- ☐ No service or production problem arose

NUMBER OF KEY PERFORMANCE INDICATORS (Table Name: SE1500CSCB31 Table Field: KPINUM)
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 (Table Name: SE1500CSCB32 Table Field: KPIFREQ)
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 (Table Name: SE1500CSCB33 Table Field: BUSTARGETS)
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 (more than one year) 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. (Table Name: SE1500CSCB34 Table Field: BUSTARDIFF)**

Were possible to achieve with:

- ☐ Minimal effort
- ☐ Less than normal effort
- ☐ Normal effort
- ☐ More than normal effort
- ☐ Extraordinary effort

EMPLOYEE PROMOTION (Table Name: SE1500CSCB35 Table Field: 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 (Table Name: SE1500CSCB36 Table Field: UNDERPERFORM)

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 (Table Name: SE1500CSCB37 Table Field: RECBUDGET)

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 Purchase 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.(Table Name: SE1500CSCB38 Table Field: RECBUDPURP)**

- ☐ 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) ↙

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RECORD- KEEPING AND DECISION MAKING FOR SALES AND PURCHASES ACTIVITIES (Table Name: SE1500CSCB39 Table Field: RECSALES)

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 Employee Benefits

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. (Table Name: SE1500CSCB40 Table Field: RECSALEPURP)**

- ☐ 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) ↙

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EMPLOYEE BENEFITS (Table Name: SE1500CSCB21 Table Field: 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 (Table Name: SE1500CSCB22 Table Field: WEBSITE)

In 2015, did this business have a website?

- ☐ Yes
- ☐ No

E-COMMERCE (Table Name: SE1500CSCB23 Table Field: PECOMMRC)

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?

- ☐ Less than 1%
- ☐ 1% - 4%
- ☐ 5% - 9%
- ☐ 10% - 19%
- ☐ 20% - 49%
- ☐ 50% - 99%
- ☐ 100%
- ☐ Don't know

HOME OPERATION (Table Name: SE1500CSCB24 Table Field: HOMEBUS)

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

- ☐ Yes
- ☐ No

COPYRIGHTS, TRADEMARKS, AND PATENTS (Table Name: SE1500CSCB25 Table Field: INTELCTPROP)

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

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

BUSINESS ACTIVITY (Table Name: SE1500CSCB26 Table Field: BUSACT)

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 (Table Name: SE1500CSCB27 Table Field: CEASEOPS)

Is this business currently operating?

- ☐ Yes – Skip to Remarks
- ☐ No

CEASE OPERATION (Table Name: SE1500CSCB27 Table Field: CEASEOPS)

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

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

REMARKS

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

THANK YOU

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