

## Welcome to the 2015 Annual Survey of Entrepreneurs

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

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

### CONTACT INFORMATION

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

Contact Name:

Phone:

### NUMBER OF OWNERS

In 2015, how many people owned this business?

- Do not combine two or more owners to create one
- Count spouses and partners as separate owners
  - 1 person – Skip to 10 percent or more ownership
  - 2-4 people – Skip to 10 percent or more ownership
  - 5-10 people – Skip to 10 percent or more ownership
  - 11 or more people
- Business is owned by a parent company, estate, trust, or other entity
- Don't know

### GOVERNMENT OR TRIBAL ENTITY OWNERSHIP

In 2015, was this business owned by a government or tribal entity?

Yes

No

### 10% 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:		

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

### **INITIAL ACQUISITION**

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

Founded or started

Purchased

Inherited

Received transfer of ownership or gift

### **INITIAL ACQUISITION YEAR**

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

Year

Don't Know

\_\_\_\_\_

### **JOB FUNCTION(S)**

In 2015, which of the following were *Owner 1's* function(s) in this business? **Select all that apply.**

Managing day-to-day operations

Providing services and/or producing goods

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

None of these functions

### **AVERAGE NUMBER OF HOURS WORKED**

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

None

40 hours

Less than 20 hours

41-59 hours

20-39 hours

60 hours or more

### **PRIMARY INCOME SOURCE**

In 2015, did this business provide *Owner 1's* primary source of personal income?

Yes

No

### **PRIOR BUSINESS OWNERSHIP**

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

Yes

No

### **EDUCATION**

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

Less than high school graduate

High school graduate - Diploma or GED

Technical, trade, or vocational school

Some college, but no degree

Associate Degree

Bachelor's Degree

Master's, Doctorate, or Professional Degree

**SEX**

What is the sex of *Owner 1*?

- Male
- Female

**AGE**

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

- |          |            |
|----------|------------|
| Under 25 | 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 2015

Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2015

None of the above

**REASONS FOR OWNING THE BUSINESS**

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

	Not Important	Somewhat Important	Very Important
--	------------------	-----------------------	-------------------

Wanted to be my own boss

Flexible hours

Balance work and family

Opportunity for greater income/Wanted to build wealth

Best avenue for my ideas/goods/services

Couldn't find a job/Unable to find employment

Working for someone else didn't appeal to me

Always wanted to start my own business

An entrepreneurial friend or family member was a role model

Other (Specify) ↗



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

### **INITIAL ACQUISITION**

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

Founded or started

Purchased

Inherited

Received transfer of ownership or gift

### **INITIAL ACQUISITION YEAR**

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

Year

Don't know

\_\_\_\_\_

### **JOB FUNCTION(S)**

In 2015, which of the following were *Owner 2's* function(s) in this business? **Select all that apply.**

Managing day-to-day operations

Providing services and/or producing goods

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

None of these functions

### **AVERAGE NUMBER OF HOURS WORKED**

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

None

40 hours

Less than 20 hours

41-59 hours

20-39 hours

60 hours or more

### **PRIMARY INCOME SOURCE**

In 2015, did this business provide *Owner 2's* primary source of personal income?

Yes

No

### **PRIOR BUSINESS OWNERSHIP**

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

Yes

No

### **EDUCATION**

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

Less than high school graduate

High school graduate- Diploma or GED

Technical, trade, or vocational school

Some college, but no degree

Associate Degree

Bachelor's Degree

Master's, Doctorate, or Professional Degree

**SEX**

What is the sex of *Owner 2*?

- Male
- Female

**AGE**

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

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

**US CITIZENSHIP**

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

- Yes
- No

**ETHNICITY**

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

- No, not of Hispanic, Latino, or Spanish origin
  - Yes, Mexican, Mexican American, Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, another Hispanic, Latino, or Spanish origin- please enter origin below. For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↗
- 

**RACE**

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

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

- |              |            |                       |
|--------------|------------|-----------------------|
| Asian Indian | Japanese   | Native Hawaiian       |
| Chinese      | Korean     | Guamanian or Chamorro |
| Filipino     | Vietnamese | Samoan                |

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

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

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Some other race - please enter race below. ↗

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**MILITARY SERVICE**

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

Yes

No – Skip to Reasons for Owning the Business

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

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

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

Served on active duty military service after September 11, 2001

Served on active duty military service in 2015

Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2015

None of the above

**REASONS FOR OWNING THE BUSINESS**

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

	Not	Somewhat	Very
	Important	Important	Important

Wanted to be my own boss

Flexible hours

Balance work and family

Opportunity for greater income/Wanted to build wealth

Best avenue for my ideas/goods/services

Couldn't find a job/Unable to find employment

Working for someone else didn't appeal to me

Always wanted to start my own business

An entrepreneurial friend or family member was a role model

Other (Specify) 



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

### **INITIAL ACQUISITION**

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

- Founded or started
- Purchased
- Inherited
- Received transfer of ownership or gift

### **INITIAL ACQUISITION YEAR**

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

- Year \_\_\_\_\_
- Don't Know

### **JOB FUNCTION(S)**

In 2015, which of the following were *Owner 3's* function(s) in this business? **Select all that apply.**

- Managing day-to-day operations
- Providing services and/or producing goods
- Financial control with the authority to sign loans, leases, and contracts
- None of these functions

### **AVERAGE NUMBER OF HOURS WORKED**

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

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

### **PRIMARY INCOME SOURCE**

In 2015, did this business provide *Owner 3's* primary source of personal income?

- Yes
- No

### **PRIOR BUSINESS OWNERSHIP**

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

- Yes
- No

### **EDUCATION**

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

- Less than high school graduate
- High school graduate - Diploma or GED
- Technical, trade, or vocational school
- Some college, but no degree
- Associate Degree
- Bachelor's Degree
- Master's, Doctorate, or Professional Degree

**SEX**

What is the sex of *Owner 3*?

- Male
- Female

**AGE**

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

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

**US CITIZENSHIP**

Was *Owner 3* born a citizen of the United States?

- Yes
- No

**ETHNICITY**

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

- No, not of Hispanic, Latino, or Spanish origin
  - Yes, Mexican, Mexican American, Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, another Hispanic, Latino, or Spanish origin - please enter origin below. For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↗
- 

**RACE**

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

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

- |              |            |                       |
|--------------|------------|-----------------------|
| Asian Indian | Japanese   | Native Hawaiian       |
| Chinese      | Korean     | Guamanian or Chamorro |
| Filipino     | Vietnamese | Samoan                |

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

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

Some other race- please enter race below. ↗

**MILITARY SERVICE**

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

Yes

No – Skip to Reasons for Owning the Business

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

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

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

Served on active duty military service after September 11, 2001

Served on active duty military service in 2015

Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2015

None of the above

**REASONS FOR OWNING THE BUSINESS**

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

	Not Important	Somewhat Important	Very Important
--	------------------	-----------------------	-------------------

Wanted to be my own boss

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**

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

Founded or started

Purchased

Inherited

Received transfer of ownership or gift

### **INITIAL ACQUISITION YEAR**

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

Year

Don't Know

\_\_\_\_\_

### **JOB FUNCTION(S)**

In 2015, which of the following were *Owner 4's* function(s) in this business? **Select all that apply.**

Managing day-to-day operations

Providing services and/or producing goods

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

None of these functions

### **AVERAGE NUMBER OF HOURS WORKED**

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

None 40 hours

Less than 20 hours 41-59 hours

20-39 hours 60 hours or more

### **PRIMARY INCOME SOURCE**

In 2015, did this business provide *Owner 4's* primary source of personal income?

Yes

No

### **PRIOR BUSINESS OWNERSHIP**

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

Yes

No

### **EDUCATION**

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

Less than high school graduate

High school graduate - Diploma or GED

Technical, trade, or vocational school

Some college, but no degree

Associate Degree

Bachelor's Degree

Master's, Doctorate, or Professional Degree

**SEX**

What is the sex of *Owner 4*?

- Male
- Female

**AGE**

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

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

**US CITIZENSHIP**

Was *Owner 4* born a citizen of the United States?

- Yes
- No

**ETHNICITY**

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

- No, not of Hispanic, Latino, or Spanish origin
  - Yes, Mexican, Mexican American, Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, another Hispanic, Latino, or Spanish origin - please enter origin below. For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↗
- 

**RACE**

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

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

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

Yes

No – Skip to Reasons for Owning the Business

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

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

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

Served on active duty military service after September 11, 2001

Served on active duty military service in 2015

Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2015

None of the above

**REASONS FOR OWNING THE BUSINESS**

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

	Not	Somewhat	Very
	Important	Important	Important

Wanted to be my own boss

Flexible hours

Balance work and family

Opportunity for greater income/Wanted to build wealth

Best avenue for my ideas/goods/services

Couldn't find a job/Unable to find employment

Working for someone else didn't appeal to me

Always wanted to start my own business

An entrepreneurial friend or family member was a role model

Other (Specify) ↗



## **Business Specific Questions**

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

### **ONE FAMILY MAJORITY OWNERSHIP**

In 2015, did **two or more members of one family own the majority** of this business? (Family refers to spouses, parents/guardians, children, siblings, or close relatives.)

Yes

No – Skip to Business Aspirations

(If Yes) Did spouses jointly own this business?

Yes

No – Skip to Business Aspirations

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

Yes, equally operated by spouses

No, primarily operated by **Owner 1**

No, primarily operated by **Owner 2**

### **BUSINESS ASPIRATIONS**

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

Larger in terms of sales or profits

About the same amount of sales or profits

Smaller in terms of sales or profits

Other (specify) ↴

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### **FUNDING FROM OWNER(S)**

For 2015, what was the total amount of money that the owner(s) personally put into the business? *Your best estimate is fine. Please report in thousands.*

Include:

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

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

### **YEAR OF BUSINESS ESTABLISHMENT**

In what year was this business originally established?

Year

Don't know

\_\_\_\_\_

### **FRANCHISE OPERATION**

In 2015, did all or part of this business operate as a franchise?

Yes

No

**CAPITAL FUNDING**

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

- Personal/family savings of owner(s)
- Personal/family assets other than savings of owner(s)
- Personal/family home equity loan
- Personal credit card(s) carrying balances
- Business credit card(s) carrying balances
- Government-guaranteed business loan from a bank or financial institutions, including SBA-guaranteed loans
- Business loan from a bank or financial institution
- Business loan from a federal, state, or local government
- Business loan/investment from family/friend(s)
- Investment by venture capitalist(s)
- Grants
- Other source(s) of capital
- Don't know
- None needed – Skip to 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).)

- 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**

For 2015, what was the amount of money this business received from family, friends, and employees? *Your best estimate is fine. Please report in thousands.*

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

**FUNDING FROM BANKS OR OTHER FINANCIAL INSTITUTIONS**

For 2015, what was the total amount of money this business borrowed from a bank or other financial institutions, including business loans, a business credit card carrying a balance, or a business line of credit? *Include all draws on a business line of credit, even if paid off during the year. Your best estimate is fine. Please report in thousands.*

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

**FUNDING FROM OUTSIDE INVESTORS**

For 2015, what was the total amount of money this business received from angel investors, venture capitalists, or other businesses in return for a share of ownership in this business? *Your best estimate is fine. Please report in thousands.* (An "angel investor" is an affluent individual who provides capital for a business start-up, usually in exchange for convertible debt or ownership equity.)

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

**FUNDING FROM GOVERNMENT GRANTS**

For 2015, what was the total amount of money this business received from government grants (such as the Small Business Innovation Research (SBIR) and/or Small Business Technology Transfer (STTR) programs)? *Your best estimate is fine. Please report in thousands.*

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

**NEW FUNDING RELATIONSHIPS**

In 2015, did this business attempt to establish any **new funding relationships** (for example, loans, investments, or gifts) with any of the following sources? **(Select one for each row.)**

	No	Yes, received <u>total amount</u> of the funding requested	Yes, but <u>did not receive the total amount</u> requested
Other owner(s) (if applicable)			
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**

At any time during 2015, did this business need additional financing and **the owner(s) chose not to apply?**

Yes

No - Skip to Profitability

**AVOIDANCE OF ADDITIONAL FINANCING CONTINUED**

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

- Did not think business would be approved by lender
  - Did not want to accrue debt
  - Decided the financing costs would be too high
  - Preferred to reinvest the business profits instead
  - Felt the loan search/application process would be too timing consuming
  - Decided the additional financing was no longer needed
  - Decided to wait until funding conditions improved
  - Decided to wait until company hit milestones to be in stronger position to raise funds
  - Other (Specify)
- 

**PROFITABILITY**

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

- Profits
- Losses
- Break even

**NEGATIVE IMPACT ON PROFITABILITY**

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

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

**TYPES OF CUSTOMERS**

In 2015, which of the following types of customers accounted for 10% or more of this business’s total sales of goods and/or services? **Select all that apply.**

- Federal government
- State and local government, including school districts, transportation authorities, etc.
- Other businesses and/or organizations, including distributors of your product(s)
- Individuals

**CUSTOMER LOCATIONS**

During 2015, where were this business’s customers or clients located? Round to the nearest whole percent. Your best estimate is fine. If none, report “0.”

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

**SALES OF EXPORTS OUTSIDE THE UNITED STATES**

In 2015, what percent of the business’s total sales of goods and/or services consisted of **exports outside the United States**?

_____ .0%	None	Don’t know
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**OPERATIONS OUTSIDE THE UNITED STATES**

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

- Yes
- No

**OUTSOURCING OR TRANSFERS OUTSIDE THE UNITED STATES**

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

- Yes
- No

**LANGUAGE(S)**

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**

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

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	
<b>Total</b>	<b>100%</b>

## TYPES OF TASKS PERFORMED BY FULL-TIME PAID EMPLOYEES

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

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

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.

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

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

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

If you selected “**Leased employees from a leasing service or a professional employer organization**” in ‘Types of Workers’, 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**

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

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

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

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

### FREQUENCY OF KEY PERFORMANCE INDICATORS

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

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

### BUSINESS TARGETS

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

- Main focus was on short term (less than one year) targets
- Main focus was on long term (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.**

*Were possible to achieve with:*

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

### **EMPLOYEE PROMOTION**

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

- Promotions were based solely on performance and ability
- Promotions were based partly on performance and ability and partly on other factors (for example, tenure or family connections)
- Promotions were based mainly on factors other than performance and ability (for example, tenure or family connections)
- Employees are not normally promoted.

### **UNDER-PERFORMING EMPLOYEE**

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

- Within 6 months of identifying employee under-performance
- After 6 months of identifying employee under-performance
- Under-performing employees are not normally reassigned or dismissed
- No under-performing employees identified

### **RECORD-KEEPING AND DECISION MAKING FOR BUDGETING AND FINANCE ACTIVITIES**

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

- Kept paper records
- Kept electronic records
- Records handled by another business
- Records not kept for budgeting and finance activities – Skip to Record-Keeping and Decision Making for Sales and 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.**

- 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**

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.**

- 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

In 2015, which of the following employee benefits were paid totally or partly by this business? **Select all that apply.**

- Health insurance
- Contributions to retirement plans, including 401(k), Keogh, etc.
- Profit sharing and/or stock options
- Paid holidays, vacation, and/or sick leave
- Tuition assistance and/or reimbursement
- None of the above

### WEBSITE

In 2015, did this business have a website?

- Yes
- No

### E-COMMERCE

In 2015, did this business have any e-commerce sales? (E-commerce sales are sales of goods and/or services where an order is placed by the buyer or price and terms of the sale are negotiated over the Internet, extranet, EDI network, electronic mail, or other online system. Payment may or may not be made online.)

- Yes
- No – Skip to Home Operation

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

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

### HOME OPERATION

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

- Yes
- No

### COPYRIGHTS, TRADEMARKS, AND PATENTS

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

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

### BUSINESS ACTIVITY

In 2015, did any of the following characteristics describe the activity of this business? **Select all that apply.**

- Operated less than 40 hours per week on average
- Operated less than 12 months
- Seasonal business (for example, fireworks sales or tax preparer)
- Operated occasionally (for example, event organizer or guest speaker)
- None of the above

**CURRENTLY OPERATING**

Is this business currently operating?

Yes – Skip to Remarks

No

**CEASE OPERATION**

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

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**