Welcome to the 2017 Annual Business Survey

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.

SECTION A: COMPANY INFORMATION

The following section collects information on the operations and structure of the business. All businesses that receive this questionnaire should answer questions in the upcoming section.

CEASED OPERATION

Has this business ceased operations?

- ☐ Yes
- ☐ No – Skip to BUSINESS OWNERSHIP - FOREIGN ENTITY

REASON OPERATIONS CEASED

Why did this business cease operations? ***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

DATE CEASED OPERATIONS

Enter the month and year this business ceased operations.

Month ____ Year _____

If ceased date is before January 2017, skip to SECTION G: CONTACT INFORMATION.

BUSINESS OWNERSHIP – FOREIGN ENTITY

In 2017, was this business a majority-owned subsidiary of a foreign company?

- ☐ Yes
- ☐ No

If "Yes", note the **reporting unit for the survey is the U.S. located business**.

BUSINESS OWNERSHIP – U.S. ENTITY

In 2017, did another U.S. company or other entity own more than 50 percent of this business? *Examples of other entities include estates, trusts, employee stock ownership plans (ESOPs), associations, membership clubs, and cooperatives.*

- ☐ Yes – Skip to BUSINESS - 10% or MORE OWNERSHIP
- ☐ No

BUSINESS OWNERSHIP – GOVERNMENT OR TRIBAL ENTITY

In 2017, was this business owned by a government or tribal entity?

☐ Yes

☐ No

BUSINESS - 10% or MORE OWNERSHIP

In 2017, did at least one person own 10% or more of this business? (Do not count parent companies, estates, trusts or other entities.)

☐ Yes

☐ No - *Select "No"* ***ONLY*** *if no person owned 10% or more of this business.*

NUMBER OF OWNERS

In 2017, how many people owned this business?

- *Do not combine two or more owners to create one owner.*
- *Count spouses and partners as separate owners.*

☐ 1 person

☐ 2 people

☐ 3 people

☐ 4 people

☐ 5-10 people

☐ 11 or more people

☐ Don't know

NUMBER OF PAID OWNERS

Of the owners reported in the 'NUMBER OF OWNERS' question, how many received a W-2 issued by this business for salary or wages? ***If none, report zero.***

_____

NUMBER OF EMPLOYEES

For the pay period including March 12, 2017, how many people worked for this business, including those paid through grants? *Include both full-time and part-time workers as well as yourself.* ***Count each person only once. If none, report zero.***

	Non-Owners	Number of People
a.	Employees who received a W-2 issued by this business for salary or wages	_____
b.	Individuals who received payment in other ways (for example, contractors/ consultants/temporary workers who received a 1099 or payment from another business)	_____
c.	Unpaid individuals who worked for the business (for example, interns, friends, family members)	_____

TOTAL SALES AND REVENUES

What was the amount of this business's sales and revenues, including grants, during 2017? ***Report dollar amount in thousands. If none, report zero.***

	$Bil. Mil. Thou.
2017 sales, revenues, and grants	_____,000

SOURCES OF SALES AND REVENUE

Approximately what share of this business's 2017 sales and revenues, including grants, came from the following? ***If none, report zero.***

a. Selling goods to customers, including other businesses ____%

b. Selling services to customers, including other businesses ____%

c. Licensing ____%

d. Grants ____%

e. Other (specify): ____%

_____

DOMESTIC SALES AND REVENUES

How much of the 'TOTAL SALES AND REVENUES' in 2017 sales, revenue, and grants was attributable to or originated from domestic operations? Include sales and operating revenues to foreign customers, including foreign subsidiaries. For example, a U.S. manufacturing corporation sells parts to customers around the world, however, because all of its operations are located inside the United States it reports 100% of its sales in this question. ***Report dollar amount in thousands. If none, report zero.***

$Bil. Mil. Thou.

_____,000

PRIMARY BUSINESS ACTIVITY

Describe this business's primary business activity during 2017.

SECTION B: OWNER CHARACTERISTICS

The following section collects information on the owners of the business. Based on the number of owners you reported in the Company Information section, you may be asked to complete this section for up to four owners of the business.

Unless otherwise indicated, the reporting period for this section is calendar year 2017.

PERCENT OWNERSHIP

For the person(s) owning the largest percentage(s) in this business in 2017, please list each person's name and percentage owned.

- **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%.

Name of Owner	Percentage Owned (Estimates are acceptable)
Name: _____	**Owner 1:** ____%
Name: _____	**Owner 2:** ____%
Name: _____	**Owner 3:** ____%
Name: _____	**Owner 4:** ____%

OWNER 1 - If applicable, if not skip to page 16

SEX
What is the sex of *Owner 1*?
- ☐ Male
- ☐ Female

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—*Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

_____

RACE
What is *Owner 1's* race? ***Select all that apply.*** *(For this survey, Hispanic origins are not races.)*
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native—*Enter name of enrolled or principal tribe.*

_____

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian—*Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

_____

- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander—*Enter race, for example, Fijian, Tongan, and so on.*

_____

MILITARY SERVICE
Has *Owner 1* ever served in any branch of the U.S. Armed Forces, including the Coast Guard, the National Guard, or a Reserve component of any service branch?
- ☐ Yes
- ☐ No – Skip to INITIAL ACQUISTION

MILITARY SERVICE DISABILITY
Is *Owner 1* disabled as the result of illness or injury incurred or aggravated during military service?
- ☐ Yes
- ☐ No

OTHER MILITARY SERVICE
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
- ☐ Served on active duty military service after September 11, 2001
- ☐ Served on active duty military service in 2017
- ☐ Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2017
- ☐ None of the above

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* initially acquire ownership of this business?

Year _____ Don't know ☐

JOB FUNCTION(S)
In 2017, 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 2017, what was the average number of hours per week that *Owner 1* spent managing or working in this business?

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

PRIMARY INCOME SOURCE

In 2017, 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? (*Include self-employed businesses.*)

- ☐ 0 – Skip to EDUCATION PRIOR TO OWNING THE BUSINESS
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

PRIOR BUSINESS OWNERSHIP - CONTINUED

Not including this business, what is the status of the previous business *Owner 1* started most recently?

- ☐ Business is still operating and Owner 1 still owns it
- ☐ Business is no longer in operation
- ☐ Business was purchased by another company
- ☐ Business was purchased by another individual
- ☐ Other (specify): ↙

_____

EDUCATION PRIOR TO OWNING THE BUSINESS

Prior to establishing, purchasing, or acquiring this business, what was the highest degree or level of school *Owner 1* completed?

- ☐ Less than high school / secondary school graduate – Skip to AGE
- ☐ High school / secondary school graduate - Diploma or GED – Skip to AGE
- ☐ Technical, trade, or vocational school – Skip to AGE
- ☐ Some college, but no degree – Skip to AGE
- ☐ Associate Degree (for example, AA, AS) – Skip to AGE
- ☐ Bachelor's Degree (for example, BA, BS)
- ☐ Masters Degree (for example, MA, MEng, Med, MSW, MBA)
- ☐ Doctorate Degree (for example, PhD, EdD)
- ☐ Professional Degree, beyond a Bachelor's Degree (for example, MD, DDS, DVM, LLB, JD)

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.***

- ☐ Biological, agricultural and environmental life sciences
- ☐ Chemistry, except biochemistry
- ☐ Computer and mathematical sciences and other technology and technical fields
- ☐ Earth, atmospheric and ocean sciences
- ☐ Economics, political, psychology, sociology and other social sciences
- ☐ Engineering
- ☐ Health
- ☐ Physics and astronomy
- ☐ Science and mathematics teacher education
- ☐ Other science and engineering related fields, not listed above
- ☐ Art and humanities fields
- ☐ Education, except science and math teacher education
- ☐ Management and administration fields
- ☐ Sales and marketing fields
- ☐ Social service and related fields
- ☐ Other non-science and non-engineering related fields, not listed above

AGE

What was the age of *Owner 1* as of December 31, 2017?

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

US CITIZENSHIP

Is *Owner 1* a citizen of the United States?

- ☐ Yes
- ☐ No

PLACE OF BIRTH

Was *Owner 1* born in the United States?

- ☐ Yes
- ☐ No

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.***

	Very Important	Somewhat Important	Not at all Important
Wanted to be my own boss	☐	☐	☐
Flexible hours	☐	☐	☐
Balance work and family	☐	☐	☐
Opportunity for greater income	☐	☐	☐
Best avenue for my ideas/goods/services	☐	☐	☐
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	☐	☐	☐
Wanted to carry on the family business	☐	☐	☐
Wanted to help and/or become more involved in my community	☐	☐	☐
Other (specify) ↙	☐	☐	☐

_____

INFORMATION ONLY – DO NOT USE TO REPORT

OWNER 2 - If applicable, if not skip to page 16

SEX

What is the sex of *Owner 2*?

- ☐ Male
- ☐ Female

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—*Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

_____

RACE

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

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native—*Enter name of enrolled or principal tribe.*

_____

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian—*Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

_____

- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander—*Enter race, for example, Fijian, Tongan, and so on.*

_____

MILITARY SERVICE

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

- ☐ Yes
- ☐ No – Skip to INITIAL ACQUISTION

MILITARY SERVICE DISABILITY

Is *Owner 2* disabled as the result of illness or injury incurred or aggravated during military service?

- ☐ Yes
- ☐ No

OTHER MILITARY SERVICE

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
- ☐ Served on active duty military service after September 11, 2001
- ☐ Served on active duty military service in 2017
- ☐ Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2017
- ☐ None of the above

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* initially acquire ownership of this business?

Year _____ Don't know ☐

JOB FUNCTION(S)

In 2017, 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

REPORT ONLINE - DO NOT RETURN

AVERAGE NUMBER OF HOURS WORKED

In 2017, what was the average number of hours per week that *Owner 2* spent managing or working in this business?

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

PRIMARY INCOME SOURCE

In 2017, 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? (*Include self-employed businesses.*)

- ☐ 0 – Skip to EDUCATION PRIOR TO OWNING THE BUSINESS
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

PRIOR BUSINESS OWNERSHIP - CONTINUED

Not including this business, what is the status of the previous business *Owner 2* started most recently?

- ☐ Business is still operating and Owner *2* still owns it
- ☐ Business is no longer in operation
- ☐ Business was purchased by another company
- ☐ Business was purchased by another individual
- ☐ Other (specify): ↙

_____

EDUCATION PRIOR TO OWNING THE BUSINESS

Prior to establishing, purchasing, or acquiring this business, what was the highest degree or level of school *Owner 2* completed?

- ☐ Less than high school / secondary school graduate – Skip to AGE
- ☐ High school / secondary school graduate - Diploma or GED – Skip to AGE
- ☐ Technical, trade, or vocational school – Skip to AGE
- ☐ Some college, but no degree – Skip to AGE
- ☐ Associate Degree (for example, AA, AS) – Skip to AGE
- ☐ Bachelor's Degree (for example, BA, BS)
- ☐ Masters Degree (for example, MA, MEng, Med, MSW, MBA)
- ☐ Doctorate Degree (for example, PhD, EdD)
- ☐ Professional Degree, beyond a Bachelor's Degree (for example, MD, DDS, DVM, LLB, JD)

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.***

- ☐ Biological, agricultural and environmental life sciences
- ☐ Chemistry, except biochemistry
- ☐ Computer and mathematical sciences and other technology and technical fields
- ☐ Earth, atmospheric and ocean sciences
- ☐ Economics, political, psychology, sociology and other social sciences
- ☐ Engineering
- ☐ Health
- ☐ Physics and astronomy
- ☐ Science and mathematics teacher education
- ☐ Other science and engineering related fields, not listed above
- ☐ Art and humanities fields
- ☐ Education, except science and math teacher education
- ☐ Management and administration fields
- ☐ Sales and marketing fields
- ☐ Social service and related fields
- ☐ Other non-science and non-engineering related fields, not listed above

AGE

What was the age of *Owner 2* as of December 31, 2017?

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

US CITIZENSHIP

Is *Owner 2* a citizen of the United States?

- ☐ Yes
- ☐ No

PLACE OF BIRTH

Was *Owner 2* born in the United States?

- ☐ Yes
- ☐ No

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.***

	Very Important	Somewhat Important	Not at all Important
Wanted to be my own boss	☐	☐	☐
Flexible hours	☐	☐	☐
Balance work and family	☐	☐	☐
Opportunity for greater income	☐	☐	☐
Best avenue for my ideas/goods/services	☐	☐	☐
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	☐	☐	☐
Wanted to carry on the family business	☐	☐	☐
Wanted to help and/or become more involved in my community	☐	☐	☐
Other (specify)	☐	☐	☐

_____

OWNER 3 - If applicable, if not skip to page 16

SEX
What is the sex of *Owner 3*?
- ☐ Male
- ☐ Female

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—*Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

_____

RACE
What is *Owner 3's* race? ***Select all that apply.*** *(For this survey, Hispanic origins are not races.)*
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native—*Enter name of enrolled or principal tribe.*

_____

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian—*Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

_____

- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander—*Enter race, for example, Fijian, Tongan, and so on.*

_____

MILITARY SERVICE
Has *Owner 3* ever served in any branch of the U.S. Armed Forces, including the Coast Guard, the National Guard, or a Reserve component of any service branch?
- ☐ Yes
- ☐ No – Skip to INITIAL ACQUISTION

MILITARY SERVICE DISABILITY
Is *Owner 3* disabled as the result of illness or injury incurred or aggravated during military service?
- ☐ Yes
- ☐ No

OTHER MILITARY SERVICE
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
- ☐ Served on active duty military service after September 11, 2001
- ☐ Served on active duty military service in 2017
- ☐ Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2017
- ☐ None of the above

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* initially acquire ownership of this business?

Year _____ Don't know ☐

JOB FUNCTION(S)
In 2017, 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 2017, what was the average number of hours per week that *Owner 3* spent managing or working in this business?

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

PRIMARY INCOME SOURCE

In 2017, 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? (*Include self-employed businesses.*)

- ☐ 0 – Skip to EDUCATION PRIOR TO OWNING THE BUSINESS
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

PRIOR BUSINESS OWNERSHIP - CONTINUED

Not including this business, what is the status of the previous business *Owner 3* started most recently?

- ☐ Business is still operating and Owner *3* still owns it
- ☐ Business is no longer in operation
- ☐ Business was purchased by another company
- ☐ Business was purchased by another individual
- ☐ Other (specify):

_____

EDUCATION PRIOR TO OWNING THE BUSINESS

Prior to establishing, purchasing, or acquiring this business, what was the highest degree or level of school *Owner 3* completed?

- ☐ Less than high school / secondary school graduate – Skip to AGE
- ☐ High school / secondary school graduate - Diploma or GED – Skip to AGE
- ☐ Technical, trade, or vocational school – Skip to AGE
- ☐ Some college, but no degree – Skip to AGE
- ☐ Associate Degree (for example, AA, AS) – Skip to AGE
- ☐ Bachelor's Degree (for example, BA, BS)
- ☐ Masters Degree (for example, MA, MEng, Med, MSW, MBA)
- ☐ Doctorate Degree (for example, PhD, EdD)
- ☐ Professional Degree, beyond a Bachelor's Degree (for example, MD, DDS, DVM, LLB, JD)

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.***

- ☐ Biological, agricultural and environmental life sciences
- ☐ Chemistry, except biochemistry
- ☐ Computer and mathematical sciences and other technology and technical fields
- ☐ Earth, atmospheric and ocean sciences
- ☐ Economics, political, psychology, sociology and other social sciences
- ☐ Engineering
- ☐ Health
- ☐ Physics and astronomy
- ☐ Science and mathematics teacher education
- ☐ Other science and engineering related fields, not listed above
- ☐ Art and humanities fields
- ☐ Education, except science and math teacher education
- ☐ Management and administration fields
- ☐ Sales and marketing fields
- ☐ Social service and related fields
- ☐ Other non-science and non-engineering related fields, not listed above

AGE

What was the age of *Owner 3* as of December 31, 2017?

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

US CITIZENSHIP

Is *Owner 3* a citizen of the United States?

- ☐ Yes
- ☐ No

PLACE OF BIRTH

Was *Owner 3* born in the United States?

- ☐ Yes
- ☐ No

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.***

	Very Important	Somewhat Important	Not at all Important
Wanted to be my own boss	☐	☐	☐
Flexible hours	☐	☐	☐
Balance work and family	☐	☐	☐
Opportunity for greater income	☐	☐	☐
Best avenue for my ideas/goods/services	☐	☐	☐
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	☐	☐	☐
Wanted to carry on the family business	☐	☐	☐
Wanted to help and/or become more involved in my community	☐	☐	☐
Other (specify) ↙	☐	☐	☐

_____

OWNER 4 - If applicable, if not skip to page 16

SEX

What is the sex of *Owner 4*?

- ☐ Male
- ☐ Female

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—*Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

_____

RACE

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

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native—*Enter name of enrolled or principal tribe.*

_____

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian—*Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

_____

- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander—*Enter race, for example, Fijian, Tongan, and so on.*

_____

MILITARY SERVICE

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

- ☐ Yes
- ☐ No – Skip to INITIAL ACQUISTION

MILITARY SERVICE DISABILITY

Is *Owner 4* disabled as the result of illness or injury incurred or aggravated during military service?

- ☐ Yes
- ☐ No

OTHER MILITARY SERVICE

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
- ☐ Served on active duty military service after September 11, 2001
- ☐ Served on active duty military service in 2017
- ☐ Served in the National Guard or as a reservist of any branch of the U.S. Armed Forces in 2017
- ☐ None of the above

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* initially acquire ownership of this business?

Year _____ Don't know ☐

JOB FUNCTION(S)

In 2017, 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 2017, what was the average number of hours per week that *Owner 4* spent managing or working in this business?

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

PRIMARY INCOME SOURCE

In 2017, 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? (*Include self-employed businesses.*)

- ☐ 0 – Skip to EDUCATION PRIOR TO OWNING THE BUSINESS
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

PRIOR BUSINESS OWNERSHIP - CONTINUED

Not including this business, what is the status of the previous business *Owner 4* started most recently?

- ☐ Business is still operating and Owner 4 still owns it
- ☐ Business is no longer in operation
- ☐ Business was purchased by another company
- ☐ Business was purchased by another individual
- ☐ Other (specify): ↙

_____

EDUCATION PRIOR TO OWNING THE BUSINESS

Prior to establishing, purchasing, or acquiring this business, what was the highest degree or level of school *Owner 4* completed?

- ☐ Less than high school / secondary school graduate – Skip to AGE
- ☐ High school / secondary school graduate - Diploma or GED – Skip to AGE
- ☐ Technical, trade, or vocational school – Skip to AGE
- ☐ Some college, but no degree – Skip to AGE
- ☐ Associate Degree (for example, AA, AS) – Skip to AGE
- ☐ Bachelor's Degree (for example, BA, BS)
- ☐ Masters Degree (for example, MA, MEng, Med, MSW, MBA)
- ☐ Doctorate Degree (for example, PhD, EdD)
- ☐ Professional Degree, beyond a Bachelor's Degree (for example, MD, DDS, DVM, LLB, JD)

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.***

- ☐ Biological, agricultural and environmental life sciences
- ☐ Chemistry, except biochemistry
- ☐ Computer and mathematical sciences and other technology and technical fields
- ☐ Earth, atmospheric and ocean sciences
- ☐ Economics, political, psychology, sociology and other social sciences
- ☐ Engineering
- ☐ Health
- ☐ Physics and astronomy
- ☐ Science and mathematics teacher education
- ☐ Other science and engineering related fields, not listed above
- ☐ Art and humanities fields
- ☐ Education, except science and math teacher education
- ☐ Management and administration fields
- ☐ Sales and marketing fields
- ☐ Social service and related fields
- ☐ Other non-science and non-engineering related fields, not listed above

AGE

What was the age of *Owner 4* as of December 31, 2017?

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

US CITIZENSHIP

Is *Owner 4* a citizen of the United States?

- ☐ Yes
- ☐ No

PLACE OF BIRTH

Was *Owner 4* born in the United States?

- ☐ Yes
- ☐ No

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.***

	Very Important	Somewhat Important	Not at all Important
Wanted to be my own boss	☐	☐	☐
Flexible hours	☐	☐	☐
Balance work and family	☐	☐	☐
Opportunity for greater income	☐	☐	☐
Best avenue for my ideas/goods/services	☐	☐	☐
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	☐	☐	☐
Wanted to carry on the family business	☐	☐	☐
Wanted to help and/or become more involved in my community	☐	☐	☐
Other (specify) ↙	☐	☐	☐

_____

SECTION C: INNOVATION

The following section collects information on the business's innovations and innovation activities. An innovation is the introduction of a new or significantly improved product, process, organizational method, or marketing method by this business.

An innovation must have characteristics or intended uses that are new or which provide a significant improvement over what was previously used or sold by the business. However, an innovation can fail or take time to prove itself.

An innovation need only be new or significantly improved for the business. It could have been originally developed or used by other businesses or organizations.

The following section asks about the three previous years including the calendar year 2017 instead of one year as in other sections of this questionnaire.

INNOVATION BUSINESS STRATEGIES

During the three years 2015 to 2017, how important were each of the following strategies to this business?
Select one for each row.

	Very Important	Somewhat Important	Not at all Important
a. Focus on improving existing goods or services	☐	☐	☐
b. Focus on introducing new goods or services	☐	☐	☐
c. Focus on reaching new customer groups	☐	☐	☐
d. Focus on customer-specific solutions	☐	☐	☐
e. Focus on low price	☐	☐	☐
f. Focus on reducing costs	☐	☐	☐
g. Focus on satisfying key customers	☐	☐	☐
h. Focus on developing niche or specialized markets	☐	☐	☐
i. Focus on opening up new domestic markets	☐	☐	☐
j. Focus on opening up new export markets	☐	☐	☐
k. Focus on internal processes/improve internal processes	☐	☐	☐
l. Focus on improving delivery of existing products or services	☐	☐	☐
m. Focus on employee skills/improve work force	☐	☐	☐
n. Focus on understanding and/or meeting customer needs	☐	☐	☐

GOODS OR SERVICES OFFERED

During the three years 2015 to 2017, did this business sell any goods or offer any services?

☐ Yes

☐ No– Skip to ORGANIZATIONAL AND MARKETING INNOVATION

PRODUCT INNOVATION

During the three years 2015 to 2017, did this business introduce new or significantly improved: ***Select one for each row.***

	Yes	No	Not Applicable
a. Goods. *(exclude the simple resale of new goods and changes of a solely aesthetic nature).* A good is usually a tangible object such as a smartphone, furniture, or packaged software, but downloadable software, music and film are also goods.	☐	☐	☐
b. Services. A service is usually intangible, such as retailing, insurance, educational courses, air travel, consulting, etc.	☐	☐	☐

If "No" is selected for a. *and* b., skip to PROCESS INNOVATION.

BUSINESS PRODUCT INNOVATION

During the three years 2015 to 2017, were any of this business's product innovations (goods or services):
Select one for each row.

	Yes	No
New to the market? This business introduced a new or significantly improved product (good or service) into your market before its competitors (it may have already been available in other markets)	☐	☐
Only new to this business? This business introduced a new or significantly improved product (good or service) that was already available from its competitors in the market	☐	☐

PERCENT OF SALES FROM PRODUCT INNOVATION

Include your total sales only for the year 2017. Give the percent of total sales in 2017 only from:

a. New or significantly improved products (goods or services) introduced during the three years 2015 to 2017, that were **new to the market** ____%

b. New or significantly improved products (goods or services) introduced during the three years 2015 to 2017, that were **only new to this business** ____%

c. Products (goods or services) that were **unchanged or only marginally modified** during the three years 2015 to 2017, (include the resale of new products purchased from other companies) ____%

Total sales from 2017 100%

PROCESS INNOVATION

During the three years 2015 to 2017, did this business introduce new or significantly improved:

	Yes	No	Not Applicable
a. **Methods of manufacturing** for producing goods or services	☐	☐	☐
b. **Logistics, delivery or distribution methods** for inputs, goods or services	☐	☐	☐
c. **Supporting activities** for processes, such as maintenance systems or operations for purchasing, accounting, or computing	☐	☐	☐

If "No" is selected for a. *and* b. from the PRODUCT INNOVATION question **AND** "No" is selected for a. – c. from the PROCESS INNOVATION question, skip to ORGANIZATIONAL AND MARKETING INNOVATION.

PRODUCT OR PROCESS INNOVATION ACTIVITIES

Innovation activities include the acquisition of machinery, equipment, buildings, software, and licenses; engineering and development work, feasibility studies, design, training, R&D and marketing when they are specifically undertaken to develop and/or implement a product or process innovation. This includes also all types of research and development activities to create new knowledge or solve scientific or technical problems.

During the three years 2015 to 2017, did this business engage in the following product or process innovation activities? ***Select one for each row.***

	Product or process innovation activities only	
	Yes	No
a. **In-house R&D** Research and development activities undertaken by this business to create new knowledge, solve scientific or technical problems, or devise new applications of available knowledge (include software development that meets this requirement) If yes, did this business perform R&D during the three years 2015 to 2017: ☐ Continuously (business had permanent R&D staff in-house) ☐ Occasionally (as needed only)	☐	☐
b. **External R&D** This business contracted-out R&D to other companies or to public or private research organizations	☐	☐
c. **Acquisition of machinery, equipment, software & buildings** New machinery, equipment software and buildings that were acquired for the purpose of developing new or significantly improved goods, services, manufacturing or logistics	☐	☐
d. **Acquisition of existing knowledge from other companies or organizations** Acquisition of existing know-how, copyrighted works, patented and non-patented inventions, etc. from other companies or organizations for the development of new or significantly improved products and processes	☐	☐
e. **Training for innovative activities** In-house or contracted out training for your personnel specifically for the development and/or introduction of new or significantly improved products and processes	☐	☐
f. **Market introduction of innovations** In-house or contracted out activities for the market introduction of your new or significantly improved goods or services, including market research, launch advertising, and social media announcements	☐	☐
g. **Brand Building** In-house or contracted out activities such as advertising or promotion to build this business's brand identity or brand name	☐	☐
h. **Design** In-house or contracted out activities to alter the shape, appearance or usability of goods or services	☐	☐
i. **Other** Other in-house or contracted out activities to develop or implement new or significantly improved products or processes such as feasibility studies, testing, industrial engineering, etc.	☐	☐

RESULTS OF INNOVATION ACTIVITIES

During the three years 2015 to 2017, did this business have any innovation activities that did not result in a product or process innovation because the activities were: ***Select one for each row.***

	Yes	No
a. Abandoned or suspended before completion	☐	☐
b. Still ongoing at the end of 2017	☐	☐

PUBLIC FINANCIAL SUPPORT FOR INNOVATION ACTIVITIES

During the three years 2015 to 2017, did this business receive any public financial support for innovation activities from the following levels of U.S. government? *Include financial support via tax credits, grants, subsidized loans, and loan guarantees. Exclude R&D and other innovation activities conducted entirely for the public sector under contract.* ***Select one for each row.***

	Yes	No
a. Local or State Government	☐	☐
b. U.S. Federal Government	☐	☐

INNOVATION ACTIVITIES BY TYPE AND LOCATION OF COOPERATION PARTNER

During the three years 2015 to 2017, with which of the following companies or organizations and indicating their location, did this business cooperate with on any of its innovation activities? *Innovation cooperation is active participation with other companies or organizations on innovation activities. Both partners do not need to commercially benefit. Exclude work that is contracted out.* ***Select all that apply.***

Type and Location of Cooperation Partner	United States	All other countries	Not applicable
a. Other affiliated companies (legal entities under common ownership)	☐	☐	☐
b. Suppliers of equipment, materials, components, or software	☐	☐	☐
c. Clients or customers from the private sector	☐	☐	☐
d. Clients or customers from the public sector	☐	☐	☐
e. Competitors or other companies in your sector	☐	☐	☐
f. Companies not in your sector	☐	☐	☐
g. Consultants or commercial labs	☐	☐	☐
h. Universities or other higher education institutes	☐	☐	☐
i. Government or public research institutes	☐	☐	☐
j. Private research institutes	☐	☐	☐

ORGANIZATIONAL AND MARKETING INNOVATION

During the three years 2015 to 2017, did this business introduce new: ***Select one for each row.***

	Yes	No
a. **Business practices** for organizing procedures *(for example, first time use of supply chain management, business re-engineering, knowledge management, lean production, quality management, etc.)*	☐	☐
b. Methods of **organizing work responsibilities and decision making** *(for example, first time use of a new system of employee responsibilities, team work, decentralization, integration or de-integration of departments, education/training systems, etc.)*	☐	☐
c. Methods of **organizing external relations** with other companies or public organizations *(for example, first time use of alliances, partnerships, outsourcing or sub-contracting, etc.)*	☐	☐
d. Aesthetic **design or packaging** of a good or service *(exclude changes that alter the product's functional or user characteristics – these are product innovations)*	☐	☐
e. Media or techniques for **product promotion** (*for example, first time use of a new advertising media, a new brand image, introduction of loyalty cards, etc.)*	☐	☐
f. Methods for **product placement** or sales channels *(for example, first time use of franchising or distribution licenses, direct selling, exclusive retailing, new concepts for product presentation, etc.)*	☐	☐
g. Methods of **pricing** goods or services *(for example, first time use of variable pricing by demand, discount systems, etc.)*	☐	☐

If "No" is selected for a. *and* b. from the PRODUCT INNOVATION question **AND** "No" is selected for a. – c. from the PROCESS INNOVATION question **AND** "No" is selected for a. – g. from the ORGANIZATIONAL AND MARKETING INNOVATION question, skip to BUSINESS REASONS FOR NOT INNOVATING.

FACTORS INTERFERING WITH BUSINESS INNOVATION

During the three years 2015 to 2017, how important were the following factors in interfering with this business's ability to innovate? ***Select one for each row.***

	Very Important	Somewhat Important	Not at all Important
a. Lack of internal finance	☐	☐	☐
b. Lack of credit or private equity	☐	☐	☐
c. Innovation costs too high	☐	☐	☐
d. Lack of skilled employees within the business	☐	☐	☐
e. Lack of collaboration partners	☐	☐	☐
f. Difficulties in obtaining government grants or subsidies	☐	☐	☐
g. Uncertain market demand for your ideas	☐	☐	☐
h. Too much competition in your market	☐	☐	☐

REGULATIONS AND INNOVATION

What is the effect of the following types of legislation or regulations on this business's innovation activities during the three years 2015 to 2017? ***Select all that apply.***

Legislation or regulation	Stimulated Innovation	Created no major problems	Created uncertainty	Generated an excessive burden	Not applicable
Product safety /consumer protection	☐	☐	☐	☐	☐
Operational and worker safety	☐	☐	☐	☐	☐
Environmental	☐	☐	☐	☐	☐
Intellectual property	☐	☐	☐	☐	☐
Tax	☐	☐	☐	☐	☐
Employment or social affairs	☐	☐	☐	☐	☐
Other, specify _____	☐	☐	☐	☐	☐

Skip to SECTION D: RESEARCH AND DEVELOPMENT

BUSINESS REASONS FOR NOT INNOVATING

Which of the following best describes why this business had no innovation activities during the three years 2015 to 2017:

☐ No compelling reason to innovate – Skip to REASONS FOR NOT INNOVATING

☐ Considered innovating, but too many issues prevented it

FACTORS PREVENTING INNOVATION

During the three years 2015 to 2017, how important were the following factors in preventing this business from innovating? ***Select one for each row.***

	Very Important	Somewhat Important	Not at all Important
a. Lack of internal finance	☐	☐	☐
b. Lack of credit or private equity	☐	☐	☐
c. Innovation costs too high	☐	☐	☐
d. Lack of skilled employees within the business	☐	☐	☐
e. Lack of collaboration partners	☐	☐	☐
f. Difficulties in obtaining government grants or subsidies	☐	☐	☐
g. Uncertain market demand for your ideas	☐	☐	☐
h. Too much competition in your market	☐	☐	☐
i. Legislation/regulation that generated excessive burden	☐	☐	☐
j. Legislation/regulation that created uncertainty	☐	☐	☐
k. Legislation/regulation that lacked consistency across the United States	☐	☐	☐

Skip to SECTION D: RESEARCH AND DEVELOPMENT

REASONS FOR NOT INNOVATING

How important were the following reasons for this business not to conduct innovation activities during the three years 2015 to 2017? ***Select one for each row.***

	Very Important	Somewhat Important	Not at all Important
a. Low demand for innovations in your market	☐	☐	☐
b. No need to innovate due to previous innovations	☐	☐	☐
c. No need to innovate due to very little competition in the business's market	☐	☐	☐
d. Lack of good ideas for innovations	☐	☐	☐

SECTION D: RESEARCH AND DEVELOPMENT

The following section collects information on research and development activity from businesses.

What is Research and Development (R&D)?

Research and development (R&D) comprise creative and systematic work undertaken in order to increase the stock of knowledge and to devise new applications of available knowledge.

R&D activity in software INCLUDES:

- Software development or improvement activities that expand scientific or technological knowledge
- Construction of new theories and algorithms in the field of computer science

R&D activity in software EXCLUDES:

- Software development that does not depend on a scientific or technological advance, such as
  - supporting or adapting existing systems
  - adding functionality to existing application programs, and
  - routine debugging of existing systems and software
- Creation of new software based on known methods and applications
- Conversion or translation of existing software and software languages
- Adaptation of a product to a specific client, unless knowledge that significantly improved the base program was added in that process

Reporting unit

The reporting unit is this business, including all subsidiaries and divisions. Include subsidiary companies where there is more than 50 percent ownership.

Reporting period

Report data for the calendar year 2017, if possible, or for this business's fiscal year ending between April 2017 and March 2018.

Estimates are acceptable:

Report all items to the best of your ability.

R&D ACTIVITIES

During 2017, did this business do any of the following R&D activities? *Include activities that:*

- This business performed
- Others paid this business to do
- This business paid others to do

		Yes	No
a.	Conducted activities aimed at acquiring new knowledge or understanding without specific immediate commercial applications or uses	☐	☐
b.	Conducted activities aimed at acquiring new knowledge for solving a specific problem or meeting a specific commercial objective	☐	☐
c.	Conducted systematic work, drawing on research and practical experience and resulting in additional knowledge, which is directed to producing new products or processes or to improving existing products or processes	☐	☐
d.	Developed and tested goods, services, or processes that were derived from scientific research or technical findings	☐	☐
e.	Developed software that advanced scientific or technological knowledge	☐	☐
f.	Produced findings that could be published in academic journals or presented at scientific conferences	☐	☐
g.	Applied scientific or technical knowledge in a way that has never been done before	☐	☐
h.	Created new scientific or technical solutions that can be generalized to other situations	☐	☐
i.	Conducted work to discover previously unknown technological facts, structures, or relationships	☐	☐
j.	Conducted work to extend the understanding of scientific facts, relationships, or principles in ways that could be useful to others	☐	☐

If "No" is selected for a. – j., skip to SECTION E: TECHNOLOGY AND INTELLECTUAL PROPERTY.

R&D COSTS

What was the total cost (both direct and indirect) in 2017 for all the R&D activities reported as "Yes" in the 'R&D ACTIVITIES' question? *Your best estimate is acceptable.* ***Report dollar amount in thousands. If none, report zero.***

Include the following costs:

- Salaries, wages, fringe benefits
- Plant, machinery, and equipment, except that which was capitalized because it had an alternative future use
- Materials, supplies, software
- Rent, utilities
- Consultants, contractors
- Depreciation expense from plant, machinery, and equipment that was capitalized because it had an alternative future use

Do not include:

- Costs for routine product testing, quality control, and technical services unless they are an integral part of an R&D project
- Market research
- Efficiency surveys or management studies
- Literary, artistic, or historical projects, such as films, music, or books and other publications
- Prospecting or exploration for natural resources

Total costs for 'R&D activities' reported in the R&D Activities question for 2017

$Bil. Mil. Thou.

_____,000

TYPES OF R&D COSTS

Of the total R&D amount reported in the 'R&D COSTS' question, what percent was for each of the following types of costs?

a. Salaries, wages, and fringe benefits ____%

b. Expensed machinery and equipment (not capitalized) ____%

c. Materials and supplies ____%

d. Payments to business partners for collaborative R&D ____%

e. Purchased R&D services ____%

f. Depreciation on R&D property and equipment ____%

g. All other costs (for example, consultants, contractors, travel, rent) ____%

Total = 100%

FUNDING SOURCES FOR R&D ACTIVITIES

Of the total R&D amount reported in the 'R&D COSTS' question, how much was paid for by the following sources?

a. This U.S. business ____%

b. Your foreign owner (if the business is foreign owned) ____%

c. Another U.S. business ____%

d. Other businesses located outside the U.S. ____%

e. U.S. university or college ____%

f. U.S. non-profit organization ____%

g. U.S. Federal government (including R&D grants) ____%

h. U.S. State or Local government (not including state universities) ____%

i. All other organizations outside the U.S. ____%

Total = 100%

R&D PAID FOR BY THIS BUSINESS

Of the total R&D amount reported in the 'R&D COSTS' question, how much did this business pay others to perform? ***Report dollar amount in thousands. If none, report zero.***

$Bil. Mil. Thou.

_____,000

PERCENT PAID FOR R&D CONDUCTED BY OTHERS

Of the R&D amount this business paid others to perform, what percentage went to another U.S. business, a U.S. university or college, or another source?

a. Another U.S. business ____%

b. U.S. university or college ____%

c. Other (specify): ____%

_____

Total = 100%

R&D CATEGORIES

Of the total R&D amount reported in the 'R&D COSTS' question, how much was for the following categories?

a. **Basic Research –** activities aimed at acquiring new knowledge or understanding without specific immediate commercial applications or uses ____%

b. **Applied Research –** activities aimed at solving a specific problem or meeting a specific commercial objective ____%

c. **Development –** systematic work, drawing on research and practical experience and resulting in additional knowledge, which is directed to producing new products or processes or to improving existing products or processes ____%

Total = 100%

R&D EMPLOYEES

For the pay period including March 12, 2017, how many employees from this business's foreign and domestic operations, were **R&D employees** and how many were **all other employees**?

R&D employees include all employees who work on R&D or who provide direct support to R&D, such as researchers, R&D managers, technicians, clerical staff, and others assigned to R&D groups. **Exclude** employees who provide only indirect support to R&D, such as corporate personnel, security guards, and cafeteria workers.

	(1) Domestic Operations	(2) Foreign Operations	(3) Total Employees
a. Female R&D employees	_____	_____	_____
b. Male R&D employees	_____	_____	_____
Total R&D employees	_____	_____	_____
c. All other employees	_____	_____	_____
d. Total employees	_____	_____	_____

R&D EMPLOYEE OCCUPATIONS

For the pay period including March 12, 2017, how many of the total R&D Employees reported in the 'R&D EMPLOYEES' question worked in the occupations listed below?

	(1) Domestic Operations	(2) Foreign Operations	(3) Total Employees
a. Researchers (including R&D scientists, engineers, and their managers)	_____	_____	_____
Number of Researchers with PhD (excluding MD, JD, and EdD)	_____	_____	_____
b. R&D technicians and equivalent staff	_____	_____	_____
c. R&D support staff (clerical and other)	_____	_____	_____
d. Total R&D employees	_____	_____	_____

DOMESTIC R&D EMPLOYEES FULL TIME EQUIVALENT

Of the domestic R&D employees reported in the 'R&D Employees' question, what was the number of full-time equivalents (FTEs) for R&D activity? *For full-time R&D employees use the number of employees for the FTEs. For other full-time employees not working solely on R&D or part-time employees working on R&D use the share of full-time work week they work on R&D.*

Total FTEs _____

DOMESTIC RESEARCHERS FULL TIME EQUIVALENT

Of the domestic researchers reported in the 'R&D Employee Occupations' question, what was the number of full-time equivalents (FTEs) for R&D activity?

Total FTEs _____

TAX CREDIT FOR RESEARCH ACTIVITIES

Did this business file for the tax credit for increasing research activities (IRS Form 6765) in 2017?

☐ Yes

☐ No

SECTION E: TECHNOLOGY AND INTELLECTUAL PROPERTY

The following section collects information on intellectual property and technology use for the business.

PATENTS PENDING

How many U.S. patent applications, if any, did this business have pending as of the end of 2017? ***If none, report zero.***

Number of U.S. patent applications currently pending _____

PATENTS OWNED

How many U.S. patents did this business own as of the end of 2017? ***If none, enter zero.***

Number of U.S. patents owned _____

INTELLECTUAL PROPERTY ACTIVITIES

Indicate whether this business did any of the following during 2017. ***Select one for each row.***

	Yes	No
a. Transferred intellectual property (IP) to others not owned by this business through participation in technical assistance or "know - how" agreements	☐	☐
b. Received IP from others not owned by this business through participation in technical assistance or "know how" agreements	☐	☐
c. Participated in cross-licensing agreements in which two or more parties grant a license to each other for the use of the subject matter claimed in one or more of the patents owned by each party	☐	☐
d. Allowed free use of patents or other IP owned by this business (for example, allowing free use of software patents by the open source community)	☐	☐
e. Made use of open source patents or other freely available IP not owned by this business	☐	☐

IMPORTANCE OF INTELLECTUAL PROPERTY

During 2017, how important to this business were the following types of intellectual property protection?
Select one for each row.

	Very Important	Somewhat Important	Not at all Important
a. Utility patents (patents for inventions)	☐	☐	☐
b. Design patents (patents for appearance)	☐	☐	☐
c. Trademarks	☐	☐	☐
d. Copyrights	☐	☐	☐
e. Trade secrets	☐	☐	☐
f. Nondisclosure agreements	☐	☐	☐

DIGITAL SHARE OF BUSINESS ACTIVITY

In 2017, how much of each type of information was kept in digital format at this business? ***Select one for each row.***

	None	Up to 50%	More than 50%	All	Don't know	This type of information not collected by this business
a. Personnel	☐	☐	☐	☐	☐	☐
b. Financial	☐	☐	☐	☐	☐	☐
c. Customer Feedback	☐	☐	☐	☐	☐	☐
d. Marketing	☐	☐	☐	☐	☐	☐
e. Supply Chain	☐	☐	☐	☐	☐	☐
f. Production	☐	☐	☐	☐	☐	☐
g. Other (specify) ↙	☐	☐	☐	☐	☐	☐

_____

CLOUD SERVICE PURCHASES

Considering the amount spent on each of these IT functions, how much was spent on cloud services? *(Cloud services are services provided by a third party that this business accesses on-demand via the internet.)* ***Select one for each row.***

	None	Up to 50%	More than 50%	All	Don't know	Don't use IT function
a. All IT functions	☐	☐	☐	☐	☐	☐
b. Security or firewall	☐	☐	☐	☐	☐	☐
c. Servers	☐	☐	☐	☐	☐	☐
d. Data storage and management (Examples: Amazon Web Services, IBM Bluemix, Microsoft Azure)	☐	☐	☐	☐	☐	☐
e. Collaboration and file synchronization (Examples: Dropbox, OneDrive, Google Drive)	☐	☐	☐	☐	☐	☐
f. Data Analysis	☐	☐	☐	☐	☐	☐
g. Billing and account management	☐	☐	☐	☐	☐	☐
h. Customer relationship management	☐	☐	☐	☐	☐	☐
i. Other (specify) ↙	☐	☐	☐	☐	☐	☐

_____

BUSINESS TECHNOLOGIES

In 2017, to what extent did this business use the following technologies in producing goods or services?
Select one for each row.

	No use	Testing but not using in production or service	In use for less than 5% of production or service	In use for between 5% - 25% of production or service	In use for more than 25% of production or service	Don't know
a. Augmented reality	☐	☐	☐	☐	☐	☐
b. Automated guided vehicles (AGV) or AGV systems	☐	☐	☐	☐	☐	☐
c. Automated storage and retrieval systems	☐	☐	☐	☐	☐	☐
d. Machine learning	☐	☐	☐	☐	☐	☐
e. Machine vision software	☐	☐	☐	☐	☐	☐
f. Natural language processing	☐	☐	☐	☐	☐	☐
g. Radio-frequency identification (RFID) inventory system	☐	☐	☐	☐	☐	☐
h. Robotics	☐	☐	☐	☐	☐	☐
i. Touchscreens/ kiosks for customer interface (Examples: self-checkout, self-check-in, touchscreen ordering)	☐	☐	☐	☐	☐	☐
j. Voice recognition software	☐	☐	☐	☐	☐	☐

SECTION F: FINANCING AND OTHER BUSINESS CHARACTERISTICS

The following section collects information on various characteristics of the business. Unless otherwise indicated, the reporting period is calendar year 2017.

ONE FAMILY MAJORITY OWNERSHIP

In 2017, 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

In 2017, did spouses/unmarried partners jointly own this business?

- ☐ Yes
- ☐ No – Skip to CAPITAL FUNDING

EQUAL OPERATION

In 2017, 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**

CAPITAL FUNDING

For the owner(s) reported, what was the source(s) of capital used to start or initially acquire this 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 OWNERS

AMOUNT OF CAPITAL NEEDED TO START OR INITIALLY ACQUIRE THE BUSINESS

For the owner(s) 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 OWNER(S)

For 2017, what was the total amount of money that the owner(s) personally put into the business? *Your best estimate is fine.*

Include:

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

☐ Business does not have owners
☐ $0
☐ $1 - $4,999
☐ $5,000 - $9,999
☐ $10,000 - $24,999
☐ $25,000 - $49,999
☐ $50,000 - $99,999
☐ $100,000 - $249,999
☐ $250,000 or more
☐ Don't know

FUNDING FROM INSIDERS

For 2017, what was the total amount of investment funds this business received from family, friends, and employees?

☐ $0
☐ $1 - $4,999
☐ $5,000 - $9,999
☐ $10,000 - $24,999
☐ $25,000 - $49,999
☐ $50,000 - $99,999
☐ $100,000 - $249,999
☐ $250,000 or more
☐ Don't know

FUNDING FROM BANKS OR OTHER FINANCIAL INSTITUTIONS

For 2017, 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.*

☐ $0
☐ $1 - $4,999
☐ $5,000 - $9,999
☐ $10,000 - $24,999
☐ $25,000 - $49,999
☐ $50,000 - $99,999
☐ $100,000 - $249,999
☐ $250,000 or more
☐ Don't know

FUNDING FROM OUTSIDE INVESTORS

For 2017, 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? (*An "angel investor" is an affluent individual who provides capital for a business start-up, usually in exchange for convertible debt or ownership equity*.)

- ☐ $0
- ☐ $1 - $4,999
- ☐ $5,000 - $9,999
- ☐ $10,000 - $24,999
- ☐ $25,000 - $49,999
- ☐ $50,000 - $99,999
- ☐ $100,000 - $249,999
- ☐ $250,000 or more
- ☐ Don't know

FUNDING FROM GOVERNMENT GRANTS

For 2017, 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)?

- ☐ $0
- ☐ $1 - $4,999
- ☐ $5,000 - $9,999
- ☐ $10,000 - $24,999
- ☐ $25,000 - $49,999
- ☐ $50,000 - $99,999
- ☐ $100,000 - $249,999
- ☐ $250,000 or more
- ☐ Don't know

AVOIDANCE OF ADDITIONAL FINANCING

At any time during 2017, 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

REASON FOR AVOIDANCE OF ADDITIONAL FINANCING NEEDED

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 to wait until funding conditions improved
- ☐ Decided to wait until business hit milestones to be in stronger position to raise funds
- ☐ None of the above

PROFITABILITY

For 2017, did this business have profits, losses, or break even?

- ☐ Profits
- ☐ Losses
- ☐ Break even

NEGATIVE IMPACT ON PROFITABILITY

For 2017, which of the following negatively impacted the profitability of this business? Only include responses that impacted profitability. ***Select all that apply.***

- ☐ Access to financial capital
- ☐ Cost of financial capital
- ☐ Finding qualified labor
- ☐ Taxes
- ☐ Government regulations (for example, U.S. Federal, state and/or local)
- ☐ Slow business or lost sales
- ☐ Customers or clients not making payments or paying late
- ☐ The unpredictability of business conditions
- ☐ Changes or updates in technology
- ☐ None of the above

TYPES OF CUSTOMERS

In 2017, 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.***

- ☐ U.S. Federal government
- ☐ State and local government, including school districts, transportation authorities, etc.
- ☐ Other businesses, including distributors of your product(s)
- ☐ Other organizations (foreign governments, nonprofits, etc.)
- ☐ Individuals

TYPES OF WORKERS

In 2017, 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

EMPLOYEE BENEFITS

In 2017, which of the following employee benefits were paid totally or partly by this business?

- ☐ 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

INFORMATION ONLY – DO NOT USE TO REPORT

SECTION G: CONTACT INFORMATION

CONTACT INFORMATION

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:

Title:

Phone: Ext:

Email address:

REMARKS

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

THANK YOU

REPORT ONLINE - DO NOT RETURN