

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13 United States Code (U.S.C.), Sections 131 and 182 authorizes this collection. Sections 224 and 225 require your response. The U.S. Census Bureau is required by Section 9 of the same law to keep your information **CONFIDENTIAL** and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. We estimate this survey will take an average of 2.19 hours to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

## ITEM 1A

**DOMESTIC DEPRECIABLE ASSET DATA**

Report capital expenditures for all domestic operations of your enterprise, including subsidiaries and divisions. For this report, the terms enterprise and company are used interchangeably.

**Include**

- **Operations of subsidiary companies, where there is more than 50 percent ownership, as well as companies which the enterprise has the power to direct or cause the direction of management and policies.**

- **Include depreciable assets of discontinued operations that are classified as being held for sale on line 13.**

If you cannot report consolidated data for the entire enterprise, call 1-800-528-3049 to arrange for special handling. If your company was purchased by another company during 2018, complete the survey for the part of the year prior to the sale, and enter the name and address of the new owner in the "Ownership Information" section on page 14.

**Example: if figure is \$1,179,628.00 report**

| Row | Description<br>(Refer to Page 4 of Instructions) | (1)  |      |       |
|-----|--------------------------------------------------|------|------|-------|
|     |                                                  | Bil. | Mil. | Thou. |
|     |                                                  |      | 1    | 1 8 0 |

| Row | Description<br>(Refer to Page 4 of Instructions)                                                                                                | Bil. | Mil. | Thou. |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-------|
| 10  | Gross depreciable assets (structures and equipment) at beginning of year                                                                        |      |      |       |
| 11  | Total capital expenditures (If "None", enter "0")                                                                                               |      |      |       |
| 12  | Other additions and acquisitions (Please specify in the "Remarks" on page 14)                                                                   |      |      |       |
| 13  | Acquisition cost of retirements and dispositions (including impairment costs and discontinued operations) of depreciable assets during the year |      |      |       |
| 14  | Gross depreciable assets (structures and equipment) at year end (Row 10+11+12-13=14)                                                            |      |      |       |
| 15  | Accumulated depreciation and amortization at year end                                                                                           |      |      |       |

## ITEM 1B

**GROSS SALES, OPERATING RECEIPTS, REVENUE AND CHARITABLE CONTRIBUTIONS RECEIVED**

| Row | Description                                                                                                                                         | (1)                    |  |  | (2)  |      |       |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|--|------|------|-------|
|     |                                                                                                                                                     | Industry category code |  |  | Bil. | Mil. | Thou. |
| 16  | Gross domestic sales, operating receipts, and revenue for the reporting company and all consolidated subsidiaries (Refer to page 4 of Instructions) |                        |  |  |      |      |       |
| 17  | Data No Longer Collected                                                                                                                            |                        |  |  |      |      |       |
| 18  | Data No Longer Collected                                                                                                                            |                        |  |  |      |      |       |
| 19  | Data No Longer Collected                                                                                                                            |                        |  |  |      |      |       |

| ITEM 2 CAPITAL EXPENDITURES                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                  |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------------------------------------|-------|--------------------------|------|----------------------------------------------------|------|-------------------------------------|-------|
| Report the following domestic capital expenditures data for the entire company. Example: if figure is \$1,179,628.00 report 1 1 8 0                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| Row                                                                                                                                                                                                                                                                                                                                                                                                                                  | CAPITAL EXPENDITURES<br>(Refer to Page 2 of Instructions)                                                                                        |      |       | Structures<br>(1)                  |       | Equipment<br>(2)         |      | Other<br>(Describe in Item 3)<br>(3)               |      | Total<br>(Add columns 1+2+3)<br>(4) |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bil.                                                                                                                                             | Mil. | Thou. | Bil.                               | Thou. | Bil.                     | Mil. | Thou.                                              | Bil. | Mil.                                | Thou. |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                   | Capital expenditures for NEW structures and equipment<br>(include major additions, alterations, and capitalized repairs to existing structures)  |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                   | Capital expenditures for USED structures and equipment                                                                                           |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                   | TOTAL capital expenditures<br>(Add Rows 20 + 21)                                                                                                 |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                  |      |       | Total should equal Item 1A, Row 11 |       |                          |      |                                                    |      |                                     |       |
| ITEM 3 List the item(s) included in Item 2: "Other". If you are including more than one item, list the capital expenditures for each item separately in Rows 30-32 below, if possible. Report machinery, furniture and fixtures, computer software, IT equipment, computers, website development, and motor vehicles as EQUIPMENT. Report leasehold improvements as NEW STRUCTURES or NEW EQUIPMENT based on what is being improved. |                                                                                                                                                  |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| Row                                                                                                                                                                                                                                                                                                                                                                                                                                  | Description of Capital Expenditures<br>(1)                                                                                                       |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| 31                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| 32                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| 33                                                                                                                                                                                                                                                                                                                                                                                                                                   | TOTAL<br>(Add Rows 30 + 31 + 32)                                                                                                                 |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| ITEM 4 CAPITAL LEASES                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                  |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| For new capital expenditures reported in Item 2, provide the estimated cost of assets acquired under CAPITAL LEASE arrangements entered into during the year. Exclude payments for operating leases and capitalized costs of leasehold improvements.                                                                                                                                                                                 |                                                                                                                                                  |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| Row                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                  |      |       | Prepackaged<br>(1)                 |       | Vendor-customized<br>(2) |      | Internally-developed<br>(Including payroll)<br>(3) |      | Total<br>(Add columns 1+2+3)<br>(4) |       |
| 41                                                                                                                                                                                                                                                                                                                                                                                                                                   | Bil.                                                                                                                                             | Mil. | Thou. | Bil.                               | Thou. | Bil.                     | Mil. | Thou.                                              | Bil. | Mil.                                | Thou. |
| ITEM 5 CAPITALIZED COMPUTER SOFTWARE                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                  |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| (Refer to page 5 of Instructions)                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                  |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| Row                                                                                                                                                                                                                                                                                                                                                                                                                                  | Report capital expenditures for computer software developed or obtained for internal use during the year. Include amounts in Item 1A and Item 2. |      |       |                                    |       |                          |      |                                                    |      |                                     |       |
| 50                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |      |       |                                    |       |                          |      |                                                    |      |                                     |       |

## CAPITAL EXPENDITURES BY INDUSTRY

Complete Item 6 for each industry in which the company had operations and made capital expenditures in 2018. (Refer to page 5 of the Instructions.) Please refer to the complete list of possible industry codes and descriptions beginning on page 7 of the Instructions, Definitions, and Codes List manual.

| STRUCTURES + EQUIPMENT + OTHER = TOTAL |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------|------|-------------|------|------|------------|------|------|-------------|------|------|------------|------|------|-------------|------|------|----------------------------------|------|------|--|--|
| Industry<br>Category<br>Code           | Structures<br>(Include major additions, alterations<br>and capitalized repairs to existing<br>structures as new structures) |      |      |             |      |      | Equipment  |      |      |             |      |      | Other      |      |      |             |      |      | TOTAL<br>CAPITAL<br>EXPENDITURES |      |      |  |  |
|                                        | New<br>(2)                                                                                                                  |      |      | Used<br>(3) |      |      | New<br>(5) |      |      | Used<br>(6) |      |      | New<br>(8) |      |      | Used<br>(9) |      |      | (0)                              |      |      |  |  |
|                                        | Bil                                                                                                                         | Mill | Thou | Bil         | Mill | Thou | Bil        | Mill | Thou | Bil         | Mill | Thou | Bil        | Mill | Thou | Bil         | Mill | Thou | Bil                              | Mill | Thou |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |
|                                        | </                                                                                                                          |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |  |

ITEM 6

**Industry Category Codes (Continued)** – Listed below are additional industries (continued from page 1) we expected your company to operate in during 2018. If necessary, correct the industry codes to reflect your 2018 operations. **Report the data requested for each industry in which the company made capital expenditures in 2018.** Please return this continuation page with your survey form.

| STRUCTURES + EQUIPMENT + OTHER = TOTAL |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------|------|-------------|------|------|------------|------|------|-------------|------|------|------------|------|------|-------------|------|------|----------------------------------|------|------|--|
| Industry<br>Category<br>Code           | Structures<br>(Include major additions, alterations<br>and capitalized repairs to existing<br>structures as new structures) |      |      |             |      |      | Equipment  |      |      |             |      |      | Other      |      |      |             |      |      | TOTAL<br>CAPITAL<br>EXPENDITURES |      |      |  |
|                                        | New<br>(2)                                                                                                                  |      |      | Used<br>(3) |      |      | New<br>(5) |      |      | Used<br>(6) |      |      | New<br>(8) |      |      | Used<br>(9) |      |      | (0)                              |      |      |  |
|                                        | Bil                                                                                                                         | Mill | Thou | Bil         | Mill | Thou | Bil        | Mill | Thou | Bil         | Mill | Thou | Bil        | Mill | Thou | Bil         | Mill | Thou | Bil                              | Mill | Thou |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |
|                                        |                                                                                                                             |      |      |             |      |      |            |      |      |             |      |      |            |      |      |             |      |      |                                  |      |      |  |



**Industry Category Codes (Continued)** – Listed below are additional industries (continued from page 1) we expected your company to operate in during 2018. If necessary, correct the industry codes to reflect your 2018 operations. **Report the data requested for each industry in which the company made capital expenditures in 2018.** Please return this continuation page with your survey form.

ACE-1(L)

**REPORTING PERIOD COVERED****a. Do the reported data cover the calendar year 2018?**

95 1 YES 2 NO - Specify period covered \_\_\_\_\_ → 3

FROM

Month Day Year

TO

Month Day Year

4

**OWNERSHIP INFORMATION****a. Was this company in operation on December 31, 2018?**

96 1 YES 2 NO - Give date operations ceased \_\_\_\_\_ → 3

Month Day Year

**b. Did the ownership of this company change during the year ending December 31, 2018?**97 1 YES - Specify date of change  
AND fill in c. below → 3  
2 NO

Month Day Year

**c. Name of new operator/company**

Contact name at new company

Number and street address

City

State ZIP Code

Contact area code &amp; phone number

**REMARKS**

Please explain any large or unusual changes to your company's reported domestic capital expenditures.

**CERTIFICATION** - This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report (Please print or type)

Telephone number

Area code

Number

Ext.

Fax

Area code

Number

Signature of authorized official

E-mail address

Date

Month Day Year

**For more information, refer to: portal.census.gov or call 1-800-528-3049****THANK YOU FOR YOUR COOPERATION AND ASSISTANCE IN THIS SURVEY.**