2020 ANNUAL CAPITAL EXPENDITURES SURVEY

| WORKSHEET |
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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 1 hour 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 row 4.

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 2020, 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 9.

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

| BII. | IVIII. | I | nοι | J. |
|------|--------|---|-----|----|
| | 1 | 1 | 8 | 0 |

Value

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|-----|-------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-------|
| Row | Description (Refer to Page 4 of Instructions) | Bil. | Mil. | Thou. |
| 1 | Gross depreciable assets (structures and equipment) at beginning of year + | | | |
| 2 | Total capital expenditures (If "None", enter "0") [Exclude land.] + | | | |
| 3 | Other additions and acquisitions (Please specify in the "Remarks" on page 9) + | | | |
| 4 | Acquisition cost of retirements and dispositions (including impairment costs and discontinued operations) of depreciable assets during the year | | | |
| 5 | Gross depreciable assets (structures and equipment) at year end (Row 1 + 2 + 3 - 4 = 5) | | | |
| 6 | Accumulated depreciation and amortization at year end | | | |

ITEM 1B GROSS SALES, OPERATING RECEIPTS, REVENUE AND CHARITABLE CONTRIBUTIONS RECEIVED

| | | Value | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|-------|
| Description | Bil. | Mil. | Thou. |
| Gross domestic sales, operating receipts, and revenue for the reporting company and all consolidated subsidiaries (Refer to page 4 of Instructions) | | | |

| ITEM 2 | | | | | | | | | | | Bil. | Mil. | Thou. |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|---------------------|--------|---------|-------------------|------------------|---------------------|----------|------|------------------------------|----------|
| | Report the following domestic capital expendit (Refer to page 4 of Instructions) | ures | data for | the entir | e com | pany. | Example \$1,179,6 | : if fi 628.0 | gure is 0 report | → | · | 1 | 1 8 0 |
| Row | DESCRIPTION (Refer to Page 2 of Instructions) | Structures Equipm | | | | | (Describe i | | | | (Add | Tota column (4) | s 1+2+3) |
| | | Bil. | Mil. | Thou. | Bil. | Mil. | Thou. | Bil. | Mil. | Thou. | Bil. | Mil. | Thou. |
| 1 | Capital expenditures for NEW structures and equipment (Include major additions, alterations, and capitalized repairs to existing structures) | | | | | | | | | | | | |
| 2 | Capital expenditures for USED structures and equipment | | | | | | | | | | | | |
| 3 | TOTAL capital expenditures (Add Rows 1 + 2) | | | | | | | | | | | | |
| | | | | | | | | | | | | al shoul em 1A, l | |
| | capital expenditures for each item separately in Row equipment, computers, website development, a NEW EQUIPMENT based on what is being improved | and n | notor vel | h icles as l | EQUIPI | ΛΕΝΤ. R | eport leas | ehold | l improv | ements a | NEW | | TURES or |
| Row | Description o | f "Oth | ner" NEW | Capital Exp | enditu | res | | | | | Bil. | Thou. | |
| | | | | | | | | | | | DII. | Mil. | mou. |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
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| | NEW EQUIPMENT based on what is being improved | l. The s | um of R | ows 1-3 sl | nould (| equal the | eport leas value in | | n 3, Row | 2 of Item | 2. | Value | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|---------------------------|--------------------|------------------------|-------------------------------|--------|--------------------------|-----------|------|-----------------|---------|
| Row | Description o | f "Other | r" USED | Capital Ex | pendit | ures | | | | | D.11 | Value | |
| | | | | | | | | | | | Bil. | Mil. | Thou. |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| ITEM 4 | CAPITAL LEASES | | | | | | | | | | | Value |) |
| | For new capital expenditures reported in Item 2, providentered into during the year. Exclude periodic payment | le the es s under | stimated capital | cost of ass and operat | sets ac ing lea | quired ur ses or an | nder CAPIT ny rental aç | greeme | ASE arran ent. FAL | gements | Bil. | Mil. | Thou. |
| TEM 5 | A CAPITALIZED COMPUTER SOFTWARE | | | | | | | | | | | | |
| | (Refer to page 5 of Instructions) | | Prepacka | aged | Ve | ndor-cus | tomized | | ernally-de | | (0.1 | Total | |
| | | | (1) | -9 | | (2) | | (1 | ncluding (3) | payroii) | (Aaa | l column (4) | S 1+2+3 |
| | Report capital expenditures for computer software | | | | | | Thou. | D:1 | | | | | |
| | Report capital expenditures for computer software developed or obtained for internal use during the year. Include amounts in Item 1A and Item 2. | Bil. | Mil. | Thou. | Bil. | Mil. | mou. | Bil. | Mil. | Thou. | Bil. | Mil. | Thou. |

ITEM 3B List the item(s) included in "Other" USED capital expenditures in Column 3, Row 2 of Item 2. If you are including more than one item, list the

ITEM 5B CAPITAL EXPENDITURES FOR ROBOTIC EQUIPMENT

Report capital expenditures for new and used robotic equipment in 2020, Include other one-time costs, including software and installation.

IMPORTANT: EXCLUDE CAPITAL EXPENDITURES FOR SOFTWARE PURCHASED SEPARATELY TO ENHANCE OR UPGRADE YOUR EXISTING ROBOTIC EQUIPMENT. Report the associated value in Item 5A.

Robotic equipment (or robots) are automatically controlled and reprogrammable machines capable of performing a series of complex tasks autonomously or semi-autonomously.

Robots react to some events and conditions without need of external direction or control and can make decisions or navigate situations they encounter without assistance.

Some of the tasks performed by robots include:

Assembly

Cleaning

Construction and Demolition

Delivery Dispensing Inspection Machine Tending Material Handling

Mining Packaging Painting Palletizing

Pick and place Rescue Security

Surgical assistance Therapy/rehabilitation

Welding

Exclude:

- Automated teller machines (ATMs)
- CNC machining equipment
- Kiosks A stationary, consumer oriented machine with a graphic interface and no visible moving parts.

Report dollar values rounded to thousands.

(Example: If figure is \$1,179,628.00 report as \$1,180)

Report capital expenditures in 2020 for new and used robotic equipment, including software, installation, and other one-time costs. (Estimates are acceptable)

If "None", enter "0" in the value box to the right and leave the Remarks box below blank.

Remarks:

- · Briefly list the types of robotic equipment the company purchased in 2020.
- · If you are unable to report the capital expenditures for some or all of the robotic equipment the company purchased in 2020, please explain:

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ITEM 6A CAPITAL EXPENDITURES BY INDUSTRY

Complete Item 6A for each industry in which the company had operations and made capital expenditures in 2020. (Refer to page 6 of the Instructions.) Please refer to the complete list of possible industry codes and descriptions beginning on page 8 of the Instructions, Definitions, and Codes List manual.

| | | | | | | 5 | STRUC | TURES | 6 + EQ | UIPME | NT + 01 | THER | = TOTA | AL | | | | | | |
|-----------------------------|--------------------------------|-------------------------------------------------|-------------------------|----------------------------------|-----|-------|-------------------------------|-------|--------|-------------------------------|---------|------|------------------------------|-------|-----|------------------------------|-------|-----|-----------------------------|------|
| ndustry Category Code | and cap | Struc major ado italized re tures as n | ditions, a epairs to | existing | ns | | | | oment | | | | | | her | | | | TOTA CAPIT PENDI | AL |
| code | Nev (2) | / | | Used (3) | | | New (5) | | | Used (6) | | | New (8) | , | | Used (9) | d | | (0) | |
| | Bil Mil | Thou | Bil N | Mil T | hou | Bil I | Mil | Thou | Bil | Mil | Thou | Bil | Mil | Thou | Bil | Mil | Thou | Bil | Mil | Tho |
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| COLUMN TOTALS | | | | • | | | | | | | | | | | | | | | | |
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*NOTE: If you had expenditures in more than 9 industries, photocopy Item 6A for additional space. Row 69, "Column Totals", should equal the sum of the columns above plus the sum of the columns on the additional page(s).

| Complete Item 6B for each industry in which the | | | RC | овотіс і | EQUI | PMENT | EXPEND | DITUF | RES | | |
|-------------------------------------------------------------------------------------------------|-----------------------------|--------|--------------------------|-----------|-------|-----------|--------------------|-------|---------------------|---|--|
| company reported capital expenditures for equipment in 2020 in Item 6A above. | Industry Cotogony | | Nov | | | Use | TOTAL CAPITAL | | | | |
| (Estimates are acceptable). | Industry Category Code | Rob | New Robotic Equipment | | | ootic Eq | EXPENDI FOR ROI | | | | |
| If "None", enter '0'. | | | (1) | | | (2) | | E | QUIPN (0) | | |
| | | Bil | Mil | Thou | Bil | Mil | Thou | Bil | Mil | Т | |
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| | Column Totals | | | | | | | | | | |
| | Column Totals | | | | | | | | | | |
| OF ROBOTIC EQUIPMENT BY INDUST | | al exp | enditur | es for ro | botic | eguipr | nent | | | | |
| in 2020 in Item 6B above? | | | | | | | | | | | |
| Note: Include industries in which the company operate investment for robotic equipment in 2020. | es and uses robotic equipme | ent bu | t did no | t report | a cap | oitalized | l | | | | |
| YES – Complete the next section. | | | | | | | | | | | |
| □ NO – Skip to Reporting Period Covered | | | | | | | | | | | |

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ITEM 6C PRESENCE OF ROBOTIC EQUIPMENT BY INDUSTRY (Continued)

List below the industry(ies) in which this business operates and uses robotic equipment.

Note: Exclude the industry(ies) in which the company reported capital expenditures for robotic equipment in 2020 in Item 6B above.

| Industry Category Code |
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| REPORTING PERIOD COVERED | | | | | | | | |
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| | | | FR | OM | | | TO | |
| Do the reported data cover the | calendar year 2020? | | Month D | ay Year | | Month | Day | Year |
| YES | NO – Specify period covered ———— | > | | | | | | |
| OWNERSHIP INFORMATION | | | | | | | | |
| a. Was this company in operation | on on December 31, 2020? | | | | | | | |
| YES | | | | | | Month | Day | Year |
| NO – Give date operations cea | sed — | | | | | | | |
| b. Did the ownership of this con | mpany change during the year endir | ng December 31, | 2020? | | | Month | Day | Year |
| ☐ YES – Specify date of change AND fill in c. below ☐ NO | | | | | | | | |
| c. Name of new operator/company | | Contact name at | new company | | | | | |
| | | | | | | | | |
| Number and street address | City | State | ZIP Code | | Contact ar | ea code 8 | k phone | number |
| | | | | | | | | |
| REMARKS Please explain any larg | e or unusual changes to your company's re | ported domestic capi | tal expenditures. | ı | | | | |
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QUESTIONS RELATED TO THE CORONAVIRUS PANDEMIC - The following questions are focused on helping the U.S. Census Bureau measure business access to and use of financial assistance during the Coronavirus pandemic, and the impact on capital expenditure investments.

1a. In 2020, did this company request and/or receive financial assistance related to the Coronavirus pandemic from any of the following sources?

Select all that apply for each column.

| | Requested | Received |
|-------------------------------------------------------------|-----------|----------|
| Paycheck Protection Program (PPP) | | |
| Main Street Lending Program | | |
| Corporate Credit Facilities (CCFs) | | |
| Municipal Liquidity Facility (MLF) | | |
| Economic Injury Disaster Loans (EIDL) | | |
| Small Business Administration (SBA) Loan Forgiveness | | |
| Deferral of Federal Employment Tax Deposits and Payments | | |
| Federal Sick and Family Leave Tax Credits | | |
| Federal Employee Retention Tax Credit | | |
| Other Federal programs | | |
| State or local government programs | | |
| All other sources (banks, owners, family and friends, etc.) | | |

No, this company did not request or receive any financial assistance in 2020 related to the Coronavirus pandemic. – **Skip to Question 2.**

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| 1b. | Approximately what amount of the financial assistance related to the Coronavirus pandemic this compares spent on the following? | ny receivo | ed in 202 | 0 was |
|-----|---------------------------------------------------------------------------------------------------------------------------------|------------|-----------|-------|
| | Estimates are acceptable when needed. If "None", enter '0' as appropriate. | | | |
| Row | Amount of Coronavirus financial assistance spent on: | Bil. | Mil. | Thou. |
| 1 | Payroll | | | |
| 2 | Rent/mortgage | | | |
| 3 | Utilities | | | |
| 4 | Capital expenditures | | | |
| 5 | All other, describe: | | | |
| | Total (Add rows 1 - 5) | | | |
| 2. | What happened to this company's payroll in 2020 due to the Coronavirus pandemic? Select only one: | | | |
| | Reduced hours/benefits/pay | | | |
| | ☐ Increased hours/benefits/pay | | | |
| | No change to hours/benefits/pay | | | |
| | Other, describe: | | | |

| QUI | STIONS RELATED TO THE CORONAVIRUS PA | ANDEMIC | (Continued) | | | | | | | | | |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|---------------------|------------------|------|------------------|-------|-----|------|--|--|
| 3. | What changes did this company make to its budgeted capital expenditures for 2020 due to the Coronavirus pandemic? | | | | | | | | | | | |
| | Select all that apply: | | | | | | | | | | | |
| | Canceled budgeted capital expenditures | | | | | | | | | | | |
| | Postponed budgeted capital expenditures | | | | | | | | | | | |
| | Decreased budgeted capital expenditures | | | | | | | | | | | |
| | ☐ Increased budgeted capital expenditures | | | | | | | | | | | |
| | ☐ Introduced new unbudgeted capital expenditures | | | | | | | | | | | |
| | ☐ No changes to budgeted capital expenditures for 2020 due to Coronavirus pandemic | | | | | | | | | | | |
| | ☐ No capital expenditures for 2020 - Skip to (| Certificati | ion | | | | | | | | | |
| | Examples include: Building renovations to provide for of the control of the co | stomer pio remote v | ck up outdoo vork | | door occupanc | у | | | | | | |
| CER | TIFICATION – This report is substantially accurate | e and has b | peen prepared | l in accordance wi | th instructions. | | | | | | | |
| Name of person to contact regarding this report (Please print or type) | | Telephone | Area code | Number | Ext. | Fax | Area code Number | | | | | |
| | | number | | | | I ux | | | | | | |
| Signatu | re of authorized official | E-mail addr | ess | | ' | | Date | Month | Day | Year | | |
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