

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☒
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>003</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>12/31/2016</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>003</u>	1c	Effective date of plan <u>12/31/2016</u>		
1b	Three-digit plan number (PN) ▶ <u>003</u>						
1c	Effective date of plan <u>12/31/2016</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BH MEDIA GROUP, INC.</u> <u>1314 DOUGLAS STREET, SUITE 1500</u> <u>OMAHA, NE 68102</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>45-5344990</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>402-444-1244</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>511110</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>45-5344990</u>	2c	Plan Sponsor's telephone number <u>402-444-1244</u>	2d	Business code (see instructions) <u>511110</u>
2b	Employer Identification Number (EIN) <u>45-5344990</u>						
2c	Plan Sponsor's telephone number <u>402-444-1244</u>						
2d	Business code (see instructions) <u>511110</u>						

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	THERESA KOKESH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 20783
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2744
a(2) Total number of active participants at the end of the plan year	6a(2) 5281
b Retired or separated participants receiving benefits	6b 20455
c Other retired or separated participants entitled to future benefits	6c 6186
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 31922
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 3276
f Total. Add lines 6d and 6e	6f 35198
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1B 1D 3J 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 2 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BH MEDIA GROUP, INC.	D Employer Identification Number (EIN) 45-5344990

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	403624	130	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	4907197
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE PENSION INVESTMENTS

b Balance at the end of the previous year	7b	4941838
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c Additions: (1) Contributions deposited during the year	7c(1)	10570	
	7c(2)		
	7c(3)	370107	
	7c(4)	0	
	7c(5)		

(6) Total additions	7c(6)	380677
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d Total of balance and additions (add lines 7b and 7c(6))	7d	5322515
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	405307	
(2) Administration charge made by carrier	7e(2)	10011	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	415318
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4907197
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BH MEDIA GROUP, INC.	D Employer Identification Number (EIN) 45-5344990

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	SA 12737	3591	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	1607039

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BH MEDIA GROUP, INC.	D Employer Identification Number (EIN) 45-5344990

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I	Basic Information
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1 Enter the valuation date: Month 01 Day 01 Year 2017			
2 Assets:			
a Market value	2a	1064224081	
b Actuarial value	2b	1064224081	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	15141	512183405	512183405
b For terminated vested participants	2946	81403542	81403542
c For active participants	2744	163256867	165254736
d Total	20831	756843814	758841683
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.84 %	
6 Target normal cost	6	3210000	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
Signature of actuary	Date		
SCOTT POLLACK	17-07710		
Type or print name of actuary	Most recent enrollment number		
MERCER	415-743-8774		
Firm name	Telephone number (including area code)		
4 EMBARCADERO CENTER SUITE 400 SAN FRANCISCO, CA 94111			
Address of the firm			

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	9487430	1135970
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	69205	306345
9 Amount remaining (line 7 minus line 8)	9418225	829625
10 Interest on line 9 using prior year's actual return of 0.00 %	557542	55088
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 0.00 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	180000	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9795767	884713

Part III Funding Percentages

14 Funding target attainment percentage	14	138.83%
15 Adjusted funding target attainment percentage	15	140.24%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21	Discount rate:			
a	Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %
		☐ N/A, full yield curve used		
b	Applicable month (enter code)	21b	0	
22	Weighted average retirement age	22	64	
23	Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	3210000
b	Excess assets, if applicable, but not greater than line 31a	31b	3210000
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement		0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41	If an election was made to use PRA 2010 funding relief for this plan:			
a	Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011
42	Amount of acceleration adjustment	42		
43	Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BH MEDIA GROUP, INC.	D Employer Identification Number (EIN) 45-5344990	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERCER (US), INC.

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	460036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 19	NONE	452786	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MILLER & CHEVALIER

52-1212890

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	228937	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MASS MUTUAL LIFE INSURANCE CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 68 21 52 72	NONE	201138	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13	NONE	150997	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13	NONE	143693	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALIGHT SOLUTIONS

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	121035	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	77928	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

KUTAK ROCK LLP

47-0597598

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	65855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	44009	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

RUSSELL PRINTING

63-0180720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	39736	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PLANTE MORAN

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	33900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PROCENTIA

36-4120902

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	32990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

LUTZ & COMPANY, PC

47-0625816

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

LOCKTON INVESTMENT ADVISORS, LLC

20-3354970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DLA PIPER, LLP

52-0616490

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	24009	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

FIRST NATIONAL BANK

47-0259043

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 50	NONE	20074	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SILVERSTONE GROUP

47-0813106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	18325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MAZURSKY CONSTANTINE LLC

27-3547321

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	15103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	14437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

LANE GORMAN TRUBITT LLC

75-1044330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	12750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

OUELLETTE & ASSOCIATES, PA

01-0448675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	12750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	NONE	10011	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

PENSION BENEFIT INFORMATION

94-2856521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	6704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BH MEDIA GROUP, INC.</u>	D Employer Identification Number (EIN) <u>45-5344990</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT-TERM INVEST FUND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30064295</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-YG

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN <u>04-1590850-139</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1607039</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT-TERM INVEST FUND

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON TRUST COMPANY

c EIN-PN <u>81-6243181-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15259965</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BH MEDIA GROUP, INC.</u>	D Employer Identification Number (EIN) <u>45-5344990</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	30397679	327951
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10570	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	502937	1010050
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	58389062	58187254
(2) U.S. Government securities.....	1c(2)	47586421	195063445
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1575420	542511
(B) All other.....	1c(3)(B)	34572624	43793363
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	275000
(B) Common	1c(4)(B)	881201314	2632180331
(5) Partnership/joint venture interests	1c(5)	51380	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	2276508	45324260
(10) Value of interest in pooled separate accounts.....	1c(10)	1469141	1607039
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	765000	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5121867	4907197
(15) Other	1c(15)	567486	576131

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1064487409	2983794532

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	337126	635345
k Total liabilities (add all amounts in lines 1g through 1j)	1k	337126	635345

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1064150283	2983159187
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Part II Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	161472	
(B) U.S. Government securities	2b(1)(B)	593983	
(C) Corporate debt instruments	2b(1)(C)	2110297	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	30376	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2896128
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	9636742	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9636742
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	469873415	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	405893363	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		63980052
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	101061596	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		101061596

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		253690
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		177828208

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	64141039	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		64141039
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1738516	
(2) Contract administrator fees	2i(2)	322597	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1728443	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3789556
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		67930595

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		109897613
l Transfers of assets:			
(1) To this plan.....	2l(1)		1809111291
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LUTZ AND COMPANY, PC

(2) EIN: 47-0625816

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4105374. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BH MEDIA GROUP, INC.		D Employer Identification Number (EIN) 45-5344990
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-1561860 04-1590850		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 279
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☒

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 88.3% Investment-Grade Debt: 8.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 3.7%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**Berkshire Hathaway Consolidated
Pension Plan**

Financial Statements and Independent Auditors' Report

December 31, 2017 and 2016



Berkshire Hathaway Consolidated Pension Plan

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Note: Schedules required by the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable.

INDEPENDENT AUDITORS' REPORT

Retirement Plan Committee
Berkshire Hathaway Consolidated Pension Plan
Omaha, Nebraska

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Berkshire Hathaway Consolidated Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the year ended December 31, 2017 and from the inception of the Plan on December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified or provided by the Northern Trust Company, First National Bank of Omaha, Wells Fargo Bank, N.A., Principal Life Insurance Company, Bank of New York Mellon, and Mass Mutual Life Insurance, the custodians of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's assets and execute transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2017 and 2016, for the year ended December 31, 2017 and from the inception of the Plan on December 31, 2016, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Information

The supplemental information as of and for the year ended December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental information is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental information.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental information, other than that derived from the information certified or provided by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lutz & Company, P.C.

October 12, 2018

Berkshire Hathaway Consolidated Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
Investments at Fair Value		
Common Collective Trusts	\$ 45,324,260	\$ 2,276,508
Pooled Separate Account	1,607,039	1,469,141
Common Stocks	2,632,180,331	881,201,314
Preferred Stock	275,000	-
Government Securities	195,063,445	47,586,421
Corporate Bonds	44,335,874	36,148,044
Money Market Funds	58,187,254	58,389,062
Mutual Funds	-	765,000
Group Annuity Insurance Contract	4,907,197	5,121,867
Other Investments	576,131	618,866
Total Investments	2,982,456,531	1,033,576,223
Unallocated Cash	327,951	30,397,679
Receivables		
Employer Contributions	-	10,570
Interest and Dividend Receivables	1,010,050	502,937
Total Receivables	1,010,050	513,507
Total Assets	2,983,794,532	1,064,487,409
LIABILITIES		
Accrued Expenses	635,345	337,126
NET ASSETS AVAILABLE FOR BENEFITS	\$ 2,983,159,187	\$ 1,064,150,283

See Notes to Financial Statements.

Berkshire Hathaway Consolidated Pension Plan

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2017 and From Inception of Plan on December 31, 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income		
Net Appreciation in Fair Value of Investments	\$ 165,041,648	\$ -
Interest and Dividends from Investments	12,786,560	-
Total Investment Income	177,828,208	-
Less: Investment Expense	680,244	-
Transfers From Plan Mergers	1,809,111,291	1,064,150,283
Total Additions	1,986,259,255	1,064,150,283
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits Paid Directly to Participants	64,141,039	-
Administrative Expenses	3,109,312	-
Total Deductions	67,250,351	-
NET INCREASE	1,919,008,904	1,064,150,283
Net Assets Available for Benefits, Beginning of Year	1,064,150,283	-
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$ 2,983,159,187	\$ 1,064,150,283

Berkshire Hathaway Consolidated Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

1. Plan Description

The following brief description of the Berkshire Hathaway Consolidated Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan formed on December 31, 2016 through the merger of multiple defined benefit pension plans of various Berkshire Hathaway subsidiaries. The Plan was sponsored by BH Media Group, Inc. from inception through September 30, 2018. Effective October 1, 2018, Berkshire Hathaway Credit Corporation is the Plan Sponsor. The Plan covers certain employees of various Berkshire Hathaway subsidiaries and their affiliates (the Companies) whose defined benefit pension plans were merged into the Plan effective December 31, 2016: BH Media Group, Inc.; Union Underwear Company, Inc.; Dexter Shoe Company; Pan Am Shoe Company; Justin Brands, Inc.; Marmon Industrial Companies, Inc.; Union Tank Car Company; FlightSafety International Inc. and Precision Steel Warehouse, Incorporated.

Effective December 31, 2017, the Plan also covers certain employees of Central States Indemnity Co. of Omaha, UTC Railcar Repair Services LLC, General Re Corporation, United States Aviation Underwriters Incorporated and Johns Manville Corporation, whose defined benefit plans were merged into the Plan on that date.

Effective December 31, 2018, the Plan will cover certain employees of Geico Corporation and Lubrizol Corporation, whose plans will be merged into the Plan effective on that date.

Despite the merger of the multiple subsidiary plans, the unique plan provisions of each prior plan were retained after the merger. Each of the subsidiaries' prior plans is covered under a specific supplement to the plan document.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All of the prior subsidiary plans were closed to new participants on various dates prior to being merged into the Plan. A majority of the prior plans had also frozen participants' accrued benefits prior to merging into the Plan. Johns Manville Hourly Retirement Plan and UTC Railcar Repair Services Defined Benefit Plan still accrue benefits for participants as of December 31, 2017.

Pension Benefits

Participants are eligible for monthly benefits upon reaching age 65. Early retirement benefits are available after attainment of various ages ranging from 50-60 depending on the specific plan supplement. In addition to the age requirement, service requirements for both early and normal retirement vary by plan supplement.

Certain plan supplements have specific benefit formulas, but under most plan supplements, monthly retirement benefits are calculated using average monthly compensation and/or credited service.

Berkshire Hathaway Consolidated Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

The Plan requires that payments of the present value of accrued benefits under \$1,000 are paid out in a lump sum benefit to the participant in the event the participant does not elect a payout option. Payments of the present value of accrued benefits between \$1,000 and \$5,000 are to either be directly rolled over to an individual retirement account designated by the plan administrator or paid out in a lump sum benefit in the event the participant does not elect otherwise. Benefits are recorded when paid.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated plan benefits is paid to the employee's beneficiary.

Certain supplements to the Plan provide that active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disability participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled. Benefits are recorded when paid.

Vesting

All participants become 100% vested in their benefits after five years of service or attainment of age 55.

2. Summary of Significant Accounting Policies

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements is set forth below.

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan used an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Berkshire Hathaway Consolidated Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Investment Valuation and Income Recognition

Investments were reported at fair value. Fair value is the price that would be received to sell an investment in an orderly transaction between market participants at the measurement date. See Note 7 for further discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) in the fair value of investments consists of gains and losses realized and unrealized on investments bought and sold as well as held during the year.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Other

Custodial and investment fees, audit, legal and recordkeeping expenses of the Plan are paid either by the Plan or the Companies at the discretion of management. Pension Benefit Guaranty Corporation payments are paid by the Plan. Payments made by the Companies are excluded from these financial statements.

Subsequent Events

Subsequent events are events or transactions that occur after the statement of net assets available for benefits date, but before the financial statements are available to be issued and may require potential recognition or disclosure in the financial statements. Management has considered such events or transactions through October 12, 2018; see Notes 1 and 8 for descriptions of subsequent events.

Berkshire Hathaway Consolidated Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

3. Plan Mergers

Effective December 31, 2016, plan assets and related accumulated benefit obligations of the following plans were merged into the Plan: Omaha World-Herald Employee Retirement Plan; Group Retirement Plan for Employees of Dexter Shoe Company and Pan Am Shoe Company; Union Underwear Pension Plan; FlightSafety International Inc. Retirement Income Plan; Precision Steel Warehouse, Inc. Hourly Employees' Pension Plan and Trust; Marmon Consolidated Defined Benefit Plan; Union Tank Car Company East Chicago, Indiana Hourly Employees' Retirement Plan; and Justin Brands, Inc. Pension Plan. Legal control of the Plans assets totaling \$1,064,150,283 was transferred into the Plan effective as of December 31, 2016.

The following table represents the fair value of the previous plan assets that was transferred into the Plan at December 31, 2016.

	2016
<u>Mergers into the Plan</u>	
Omaha World-Herald Employee Retirement Plan	\$ 42,866,829
Union Underwear Pension Plan	421,921,599
Group Retirement Plan for Employees of Dexter Shoe Company and Pan Am Shoe Company	87,846,442
Justin Brands, Inc. Pension Plan	75,356,077
Marmon Consolidated Defined Benefit Plan	23,013,141
Union Tank Car Company East Chicago, Indiana Hourly Employees' Retirement Plan	6,601,985
FlightSafety International Inc. Retirement Income Plan	401,411,773
Precision Steel Warehouse, Inc. Hourly Employees' Pension Plan and Trust	5,132,437
Total Mergers	<u>\$ 1,064,150,283</u>

Effective December 31, 2017, plan assets and the related accumulated benefit obligations of the following plans were merged into the Plan: Central States Indemnity Co. of Omaha Employees' Pension Plan; Employee Retirement Plan of General Re Corporation and Its Affiliates; United States Aviation Underwriters, Incorporated Retirement Income Plan; Johns Manville Employees Retirement Plan; Johns Manville Hourly Retirement Plan; and the UTC Railcar Repair Services Defined Benefit Plan. Legal control of the Plans assets totaling \$1,809,111,291 was transferred into the Plan effective as of December 31, 2017.

The following table represents the fair value of the previous plan assets that was transferred into the Plan at December 31, 2017.

	2017
<u>Mergers into the Plan</u>	
Johns Manville Hourly Retirement Plan	\$ 548,171,319
Johns Manville Employees Retirement Plan	708,760,843
Employee Retirement Plan of General Re Corporation and Its Affiliates	455,836,662
United States Aviation Underwriters, Incorporated Retirement Income Plan	65,019,519
UTC Railcar Repair Services Defined Benefit Plan	19,868,842
Central States Indemnity Co. of Omaha Employees' Pension Plan	11,454,106
Total Mergers	<u>\$ 1,809,111,291</u>

Berkshire Hathaway Consolidated Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by Mercer and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2017. Had the valuations been performed as of December 31, 2016, there would be no material differences.

The significant actuarial assumptions used in these valuations are (a) use of the traditional unit credit actuarial cost method (for 2016), (b) life expectancy of participants based on the IRS 2017 (for 2016) mortality tables, (c) discount rate of 6.75% (for 2016). The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

At January 1, 2017, the actuarial present values of accumulated plan benefits for the Plan were as follows:

	<u>2017</u>
Vested Benefits	
Participants Currently Receiving Payments	\$ 479,920,154
Terminated Participants	75,046,648
Active Participants	165,065,166
Total Vested Benefits	<u>720,031,968</u>
Non Vested Benefits	923,105
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 720,955,073</u></u>

Berkshire Hathaway Consolidated Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

The changes in accumulated plan benefits of the Plan for the year ended January 1, 2017 were as follows:

	<u>2017</u>
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ -
Increase (Decrease) during the year attributable to:	
Changes in Actuarial Assumptions	(39,692,247)
Other changes (mergers)	760,647,320
Net Increase	<u>720,955,073</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u>\$ 720,955,073</u>

5. Funding Policy

The Companies have voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. The minimum funding requirements as stipulated of ERISA were met at December 31, 2017 and 2016. There were no contributions made in the year ended December 31, 2017. There were contributions of \$10,570 from plan inception on December 31, 2016.

6. Information Certified by the Custodians

The plan administrator elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Northern Trust Company, First National Bank of Omaha, Wells Fargo Bank, N.A., Principal Life Insurance Company, Bank of New York Mellon, and Mass Mutual Life Insurance Company (the Custodians), except for comparing such information certified by the custodians to information included in the Plan's financial statements and supplemental information.

The following table represents the fair value of the Plan assets that were certified by the Custodians, at December 31, 2017 and 2016.

	<u>2017</u>	<u>2016</u>
Investments at Fair Value	\$ 2,971,002,425	\$ 1,033,576,223
Unallocated Cash	\$ 327,951	\$ 30,397,679
Interest and Dividend Receivables	\$ 1,010,050	\$ 502,937

Berkshire Hathaway Consolidated Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

The Custodians also certified to the completeness and accuracy of the following related to the aforementioned investments for the year ended December 31, 2017 and from Plan inception on December 31, 2016:

	<u>2017</u>	<u>2016</u>
Net Appreciation in Fair Value of Investments (Less Expenses)	\$ 164,361,404	\$ -
Interest and Dividends from Investments	12,786,560	-
Net Investment Income	<u>\$ 177,147,964</u>	<u>\$ -</u>

7. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Berkshire Hathaway Consolidated Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Corporate Bonds and Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual and Money Market Funds: Valued at the daily closing price as reported by the fund. Mutual and money market funds held by the Plan are open-end mutual and money market funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual and money market funds held by the Plan are deemed to be actively traded.

Common and Preferred Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Common Collective Trusts and Pooled Separate Account: Valued based upon the redemption price of units held by the Plan, which is based on the current fair value of the collective funds underlying assets. Unit values are determined by the financial institution sponsoring such funds by dividing the fund's net assets at fair value by its units outstanding at the valuation dates.

Group Annuity Insurance Contract: Value is determined on a book value basis. When a fund transfer occurs, the contract provides it must be based on current investment value (or market value), an approximation of fair value. Interest rates for discounting are based on current rates on similar new assets in the general account based on asset category.

Other Investments: Valued at estimated fair values by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Berkshire Hathaway Consolidated Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

The following table presents by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common Collective Trusts	\$ -	\$ 45,324,260	\$ -	\$ 45,324,260
Pooled Separate Account	-	1,607,039	-	1,607,039
Common Stocks	2,632,180,331	-	-	2,632,180,331
Preferred Stock	275,000	-	-	275,000
Government Securities	-	195,063,445	-	195,063,445
Corporate Bonds	-	44,335,874	-	44,335,874
Money Market Funds	58,187,254	-	-	58,187,254
Group Annuity Insurance				
Contract	-	-	4,907,197	4,907,197
Other Investments	-	576,131	-	576,131
Total Investments at Fair Value	<u>\$ 2,690,642,585</u>	<u>\$ 286,906,749</u>	<u>\$ 4,907,197</u>	<u>\$ 2,982,456,531</u>

The table below presents a summary of changes in the Plan's level 3 investments for the year ended December 31, 2017:

	<u>Group Annuity Contract</u>
Balance, Beginning of Year	\$ 5,121,867
Interest Credited	161,472
Market value adjustment	28,606
Net Purchases, Sales, Issuances and Settlements	(404,748)
Balance, End of Year	<u>\$ 4,907,197</u>

Berkshire Hathaway Consolidated Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

The following table presents by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common Collective Trusts	\$ -	\$ 2,276,508	\$ -	\$ 2,276,508
Pooled Separate Account	-	1,469,141	-	1,469,141
Common Stocks	881,201,314	-	-	881,201,314
Government Securities	-	47,586,421	-	47,586,421
Corporate Bonds	-	36,148,044	-	36,148,044
Money Market Funds	58,389,062	-	-	58,389,062
Mutual Funds	765,000	-	-	765,000
Group Annuity Insurance Contract	-	-	5,121,867	5,121,867
Other Investments	-	618,866	-	618,866
Total Investments at Fair Value	\$ 940,355,376	\$ 88,098,980	\$ 5,121,867	\$ 1,033,576,223

The table below presents a summary of changes in the Plan's level 3 investments for the year ended December 31, 2016:

	<u>Group Annuity Contract</u>
Balance, Beginning of Year	\$ -
Balance Merged in	5,121,867
Balance, End of Year	<u>\$ 5,121,867</u>

8. Tax Status

The Internal Revenue Service determined and informed the Companies by a letter dated May 16, 2018, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue code. The plan administrator and the Plan's tax counsel believe that the Plan was designed and operated in compliance with applicable requirements of the Internal Revenue Code. Therefore, no provisions for income taxes have been included in the financial statements.

Berkshire Hathaway Consolidated Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan had taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authority. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan was subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to plan inception on December 31, 2016.

9. Related-Party Transactions

Trustee fees, paid by the Plan to the Custodians amounted to \$680,244 for the year ended December 31, 2017. These parties acted as the custodians of the Plan and the merged plans, and therefore, these transactions qualify as party-in-interest transactions.

10. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA, applicable regulations there under and the Plan Document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

SUPPLEMENTAL INFORMATION

Berkshire Hathaway Consolidated Pension Plan

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

Year Ended December 31, 2017

Employer Identification Number 45-5344990
Plan Number 003

	<u>Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
<u>Money Market Funds</u>				
* Charles Schwab & Co.	Interest-Bearing Cash		\$ 11,447,871	\$ 11,447,871
* Wells Fargo Government Money Market Fund	Interest-Bearing Cash		19,866,351	19,866,351
Dreyfus Government Cash Management Instl	Interest-Bearing Cash		26,873,032	26,873,032
			<u>58,187,254</u>	<u>58,187,254</u>
<u>U.S. Government Securities</u>				
Federal Home Loan Mortgage Corporation	FHLMC Pool C43723 8%, due 10/1/2030	3,066	3,108	3,129
Federal Home Loan Mortgage Corporation	FHLMC Pool C43724 8%, due 10/1/2030	8,360	8,474	8,548
Federal Home Loan Mortgage Corporation	FHLMC Pool C41493 8%, due 8/1/2030	9,912	10,047	10,508
Federal Home Loan Mortgage Corporation	FHLMC Pool C44277 8%, due 11/1/2030	6,287	6,372	6,617
Federal Home Loan Mortgage Corporation	FHLMC Pool C66083 6.5%, due 4/1/2032	45,362	45,717	50,246
Federal Home Loan Mortgage Corporation	FHLMC Pool C63675 6.5%, due 2/1/2032	21,813	21,935	24,555
Federal Home Loan Mortgage Corporation	FHLMC Pool C64758 6.5%, due 3/1/2032	586	591	649
Federal Home Loan Mortgage Corporation	FHLMC Pool C01080 8%, due 10/1/2030	14,974	15,177	17,309
Federal Home Loan Mortgage Corporation	FHLMC Pool C43909 8%, due 10/1/2030	12,912	11,914	13,505
Federal Home Loan Mortgage Corporation	FHLMC Pool C43678 8%, due 10/1/2030	7,573	7,676	7,850
Federal Home Loan Mortgage Corporation	FHLMC Pool E96459 5%, due 5/1/2018	965	977	984
Federal Home Loan Mortgage Corporation	FHLMC Pool J10866 4.5%, due 9/1/2024	1,283,809	1,312,093	1,323,414
Federal Home Loan Mortgage Corporation	FHLMC Pool C60928 6.5%, due 12/1/2031	106,181	106,712	117,612
Federal Home Loan Mortgage Corporation	FHLMC Pool C63675 6.5%, due 2/1/2032	312,669	314,428	351,978
Federal Home Loan Mortgage Corporation	FHLMC Pool C65797 6.5%, due 4/1/2032	196,719	198,256	217,898
Federal Home Loan Mortgage Corporation	FHLMC Pool C01106 7.0%, due 12/1/2030	12,819	12,990	14,457
Federal Home Loan Mortgage Corporation	FHLMC Pool C01199 7.0%, due 7/1/2031	58,706	59,494	66,427
Federal Home Loan Mortgage Corporation	FHLMC Pool C01343 6.5%, due 4/1/2032	41,515	41,959	47,239
Federal Home Loan Mortgage Corporation	FHLMC Pool C01364 6.5%, due 6/1/2032	349,692	351,058	387,340

Berkshire Hathaway Consolidated Pension Plan

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

Year Ended December 31, 2017

	<u>Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
Federal Home Loan Mortgage Corporation	FHLMC Pool C34756 7.0%, due 12/1/2029	74,721	75,726	80,367
Federal Home Loan Mortgage Corporation	FHLMC Pool C37872 7.0%, due 4/1/2030	12,129	12,292	12,424
Federal Home Loan Mortgage Corporation	FHLMC Pool C45861 7.0%, due 12/1/2030	17,413	17,646	17,566
Federal Home Loan Mortgage Corporation	FHLMC Pool C47105 7.0%, due 1/1/2031	11,138	11,288	11,699
Federal Home Loan Mortgage Corporation	FHLMC Pool C48189 7.0%, due 3/1/2031	103,388	104,770	108,922
Federal Home Loan Mortgage Corporation	FHLMC Pool C48916 7.0%, due 3/1/2031	58,502	59,284	59,689
Federal Home Loan Mortgage Corporation	FHLMC Pool C48986 7.0%, due 3/1/2031	25,257	25,588	25,312
Federal Home Loan Mortgage Corporation	FHLMC Pool C48995 7.0%, due 3/1/2031	72,276	73,241	73,847
Federal Home Loan Mortgage Corporation	FHLMC Pool C49015 7.0%, due 3/1/2031	63,108	63,937	64,451
Federal Home Loan Mortgage Corporation	FHLMC Pool C49585 7.0%, due 4/1/2031	117,187	118,725	127,657
Federal Home Loan Mortgage Corporation	FHLMC Pool C50544 7.0%, due 4/1/2031	29,935	30,328	31,780
Federal Home Loan Mortgage Corporation	FHLMC Pool C50623 7.0%, due 4/1/2031	26,629	26,978	26,687
Federal Home Loan Mortgage Corporation	FHLMC Pool C50624 7.0%, due 4/1/2031	19,724	19,987	19,894
Federal Home Loan Mortgage Corporation	FHLMC Pool C50690 7.0%, due 4/1/2031	28,159	28,528	29,278
Federal Home Loan Mortgage Corporation	FHLMC Pool C55355 7.0%, due 7/1/2031	10,271	10,409	10,462
Federal Home Loan Mortgage Corporation	FHLMC Pool C60523 6.5%, due 11/1/2031	87,167	87,603	96,551
Federal Home Loan Mortgage Corporation	FHLMC Pool C60728 6.5%, due 11/1/2031	56,311	56,593	62,373
Federal Home Loan Mortgage Corporation	FHLMC Multiclass Mtg 3956 3.5%, due 11/15/2026	708,441	747,848	722,128
Federal Home Loan Mortgage Corporation	FHLMC Multiclass Mtg 3978 3.5%, due 1/15/2035	892,659	931,573	896,140
Federal Home Loan Mortgage Corporation	FHLMC Multiclass Mtg 4002 3.5%, due 3/15/2030	369,557	388,150	378,504
Federal National Mortgage Corporation	FNMA Pool #535933 Series 6.5%, due 5/1/2031	2,961	2,984	3,395
Federal National Mortgage Corporation	FNMA Pool #561740 Series 7.0%, due 1/1/2031	7,842	7,960	8,292
Federal National Mortgage Corporation	FNMA Pool #604148 Series 6.5%, due 10/1/2031	15,458	15,574	17,134
Federal National Mortgage Corporation	FNMA Pool #607036 Series 6.5%, due 10/1/2031	119	120	132
Federal National Mortgage Corporation	FNMA Pool #609524 Series 7.0%, due 10/1/2031	159	161	173
Federal National Mortgage Corporation	FNMA Pool #0429160 Series 7.5%, due 12/1/2027	9,890	9,874	10,044
Federal National Mortgage Corporation	FNMA Pool #0933902 Series 4.5%, due 5/1/2023	184,638	188,677	194,581

Berkshire Hathaway Consolidated Pension Plan

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

Year Ended December 31, 2017

	<u>Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
Government National Mortgage Association	GNMA Pool #551100 Series 6.5%, due 11/15/2031	73,782	74,889	81,855
Government National Mortgage Association	GNMA Pool #551797 Series 6.5%, due 5/15/2032	190,162	193,906	210,968
Government National Mortgage Association	GNMA Pool #551926 Series 6.5%, due 12/15/2031	12,782	13,034	14,180
Government National Mortgage Association	GNMA Pool #552656 Series 6.5%, due 7/15/2032	123,504	125,800	137,016
Government National Mortgage Association	GNMA Pool #564990 Series 6.5%, due 9/15/2031	38,892	39,476	43,148
Government National Mortgage Association	GNMA Pool #569800 Series 6.5%, due 5/15/2032	92,034	93,846	105,757
Government National Mortgage Association	GNMA Pool #571323 Series 6.5%, due 11/15/2031	41,638	42,263	46,194
Government National Mortgage Association	GNMA Pool #574841 Series 6.5%, due 11/15/2031	20,260	20,564	22,477
Government National Mortgage Association	GNMA Pool #575412 Series 6.5%, due 12/15/2031	227,934	231,353	252,872
Government National Mortgage Association	GNMA Pool #578240 Series 6.5%, due 7/15/2032	146,810	149,540	162,873
Government National Mortgage Association	GNMA Pool #582244 Series 6.5%, due 7/15/2032	198,850	202,765	220,606
Government National Mortgage Association	GNMA Pool #583995 Series 6.5%, due 7/15/2032	102,622	104,530	113,850
Government National Mortgage Association	GNMA Pool #583996 Series 6.5%, due 7/15/2032	51,499	52,456	57,133
Government National Mortgage Association	GNMA Pool #584376 Series 6.5%, due 5/15/2032	139,682	142,432	154,964
Government National Mortgage Association	GNMA Pool #584455 Series 6.5%, due 6/15/2032	18,209	18,567	20,201
Government National Mortgage Association	GNMA Pool #587021 Series 6.5%, due 4/15/2032	84,962	86,635	94,793
Government National Mortgage Association	GNMA Pool #591567 Series 6.5%, due 7/15/2032	22,324	22,739	24,767
Government National Mortgage Association	GNMA Pool #593187 Series 6.5%, due 7/15/2032	84,881	86,459	94,168
Government National Mortgage Association	GNMA Pool #781340 Series 6.5%, due 10/15/2031	118,439	120,215	136,489
Government National Mortgage Association	GNMA II Pool #3040 Series 7.0%, due 2/20/2031	42,151	42,628	49,595
Government National Mortgage Association	GNMA II Pool #3069 Series 7.0%, due 4/20/2031	45,311	45,824	53,441
Government National Mortgage Association	GNMA II Pool #3081 Series 7.0%, due 5/20/2031	9,556	9,664	11,264
Government National Mortgage Association	GNMA II Pool #0544 Series 7.0%, due 12/20/2022	106	107	111
Government National Mortgage Association	GNMA II Pool #2394 Series 7.0%, due 3/20/2027	253	256	286
Government National Mortgage Association	GNMA II Pool #2716 Series 7.0%, due 2/20/2029	2,320	2,347	2,682
Government National Mortgage Association	GNMA II Pool #2796 Series 7.0%, due 8/20/2029	31,317	31,689	36,239
Government National Mortgage Association	GNMA II Pool #2866 Series 7.0%, due 1/20/2030	90,873	91,952	105,977

Berkshire Hathaway Consolidated Pension Plan

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

Year Ended December 31, 2017

	Description of Investment	Shares	Cost	Current Value
Government National Mortgage Association	GNMA II Pool #2895 Series 7.0%, due 3/20/2030	236,550	239,359	266,521
Government National Mortgage Association	GNMA II Pool #2933 Series 7.0%, due 6/20/2030	2,375	2,403	2,546
Government National Mortgage Association	GNMA II Pool #2971 Series 7.0%, due 9/20/2030	34,868	35,282	40,955
Government National Mortgage Association	GNMA II Pool #2986 Series 7.0%, due 10/20/2030	288,236	291,659	332,740
Government National Mortgage Association	GNMA II Pool #2998 Series 7.0%, due 11/20/2030	85,253	86,286	97,271
Government National Mortgage Association	GNMA II Pool #3040 Series 7.0%, due 2/20/2031	143,371	145,073	168,690
Government National Mortgage Association	GNMA II Pool #3054 Series 7.0%, due 3/20/2031	664,400	670,680	764,752
U.S. Treasury	USA Treasury Bills	184,675,000	183,557,134	183,878,432
U.S. Treasury	USA Treasury Bills	1,500,000	1,499,126	1,497,885
			<u>194,217,760</u>	<u>195,063,445</u>
<u>Corporate Debt Instruments</u>				
Canadian National Railway Co	Corporate Bond, 6.900% due 07/15/2028	275,000	275,798	364,174
Burlington Northern Santa Fe	Corporate Bond, 7.950% due 08/15/2030	125,000	124,896	178,337
Anheuser-Busch Cos LLC	Corporate Bond, 7.550% due 10/01/2030	520,000	577,615	708,432
AOL Time Warner Inc	Corporate Bond, 7.625% due 04/15/2031	240,000	236,417	332,172
Conagra Brands Inc	Corporate Bond, 8.250% due 09/15/2030	295,000	335,315	407,690
TXU Eastern Funding Company	Corporate Bond, 0.000% due 12/31/2040	580,000	444,207	104,400
Ford Motor Co	Corporate Bond, 7.450% due 07/16/2031	350,000	337,067	457,525
General Motors	Corporate Bond, 8.000% due 11/01/2031	216,000	213,628	280,260
Safeway Inc	Corporate Bond, 7.250% due 02/01/2031	245,000	245,690	204,575
United Technologies Corp	Corporate Bond, 7.500% due 09/15/2029	235,000	234,556	324,099
Zurich Reinsurance Centre Holdings	Corporate Bond, 7.125% due 10/15/2023	24,493,000	21,825,948	28,618,601
JP Morgan Chase & Company	Corporate Bond, 4.106% due 7/15/2046	51,785	55,398	51,967
Sofi Professional Ln Program	Corporate Bond, 2.340% due 4/25/2033	55,000	54,993	54,105
Residential Asset Mtg	Corporate Bond, 4.018% due 3/25/2033	5,250	4,771	5,261
JP Morgan Accept Ser	Corporate Bond, 3.319% due 5/25/2034	68,516	68,602	68,884
Citigroup Mtg	Corporate Bond, 4.000% due 1/25/2035	22,373	23,212	23,290
New Resi Mtg	Corporate Bond, 3.750% due 5/28/2052	31,849	32,705	32,640
Apple Inc.	Corporate Bond, 1.000% due 05/03/2018	1,500,000	1,471,290	1,496,295
CVS Healthcorp	Corporate Bond, 2.250% due 12/05/2018	1,500,000	1,514,955	1,501,995

Berkshire Hathaway Consolidated Pension Plan

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

Year Ended December 31, 2017

	Description of Investment	Shares	Cost	Current Value
GS Mortgage Securities	Corporate Bond, 3.679% due 8/10/2043	264,323	272,289	268,188
Kraft Heinz Foods Co	Corporate Bond, 6.125% due 8/23/2018	1,000,000	1,148,220	1,025,860
Northrop Grumman Corp	Corporate Bond, 1.750% due 6/01/2018	1,000,000	993,550	999,320
Parker-Hannifin Corp	Corporate Bond, 5.500% due 5/15/2018	500,000	562,325	506,610
Vornado DP LLC	Corporate Bond, 2.970% due 9/13/2028	473,647	473,664	478,994
Finial Holdings Inc	Corporate Bond, 7.125% due 10/15/2023	5,000,000	3,864,937	5,842,200
			35,392,048	44,335,874
<u>Corporate Stocks - Preferred</u>				
Gator Com Corp	Preferred Stock	161,290	250,000	250,000
Claria Corp	Preferred Stock	16,129	25,000	25,000
			275,000	275,000
<u>Corporate Stocks - Common</u>				
ADR Teva Pharmaceutical	Common Stock	3,700,000	69,582,300	70,115,000
American Airlines Inc	Common Stock	6,567,000	233,083,131	341,681,010
Apple Inc.	Common Stock	684,000	116,228,342	115,753,320
Axalta Coating Systems	Common Stock	700,000	19,323,854	22,652,000
Bank New York Mellon Corp	Common Stock	3,948,092	92,752,330	212,644,235
Charter Communications Inc	Common Stock	774,631	142,341,417	260,245,031
Davita Healthcare Partners Inc	Common Stock	7,062,088	363,678,747	510,235,859
Frontier Communications Corp	Common Stock	14	4,695	95
General Motors	Common Stock	550,000	17,501,789	22,544,500
Liberty Global PLC	Common Stock	2,375,000	76,174,373	85,120,000
Liberty Global PLC Lilac	Common Stock	204,652	7,237,420	4,123,738
Liberty Lilac Group-A	Common Stock	133,455	5,073,721	2,689,118
Liberty Media Corp Del Series A	Common Stock	1,035,000	22,336,108	41,048,100
Liberty Media Corp Del Series C	Common Stock	2,424,206	56,829,672	96,144,010
Monsanto Co	Common Stock	745,000	77,065,383	87,001,100
Phillips 66	Common Stock	3,602,300	117,934,750	364,372,645
Raytheon Company	Common Stock	226	11,221	42,454
Sirius XM Holdings Inc	Common Stock	30,775,000	129,628,930	164,954,000
Synchrony Financial	Common Stock	5,385,000	156,458,651	207,914,850
Verisign Inc	Common Stock	199,669	9,450,163	22,850,120
Verizon Communications Inc	Common Stock	928	43,917	49,119
Capstone Therapeutics Corp	Common Stock	609	-	27
			1,712,740,914	2,632,180,331
<u>Common Collective Trusts</u>				
* Northern Trust Company	COLTV Short Term Inv Fund	30,064,295	30,064,295	30,064,295
* BNY Mellon	COLTV Short Term Inv Fund	15,259,965	15,259,965	15,259,965
			45,324,260	45,324,260
<u>Pooled Separate Accounts</u>				
* Massachusetts Mutual Life Insurance Company	Prm US Govt Money Market Fund	1,607,039	1,607,039	1,607,039
<u>Group Annuity Insurance Contract</u>				
* Principal Life Insurance Company	Group Annuity Insurance Contract		4,907,197	4,907,197
<u>Other Investments</u>				
Province of Quebec Canada	Other Investment	405,000	389,577	576,131
Total Investment Assets			\$2,053,041,049	\$2,982,456,531

*Indicates party-in-interest

Berkshire Hathaway Consolidated Pension Plan

Schedule of Reportable Transactions – Schedule H – Item 4j

Year Ended December 31, 2017

Employer Identification Number 45-5344990
Plan Number 003

	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>	<u>Number of Transactions</u>
<u>NORTHERN TRUST COMPANY</u>						
APPLE INC COM STK	\$ 71,936,214	\$ -	\$ 71,936,214	\$ 71,936,214	\$ -	3
CHARTER COMMUNICATIONS INC NEW CLA	-	56,576,754	28,094,932	56,576,754	28,481,822	4
GEN MTRS CO COM	-	58,019,145	42,290,727	58,019,145	15,728,418	3
NTGIColtv Govt Stif Regi Stered	73,155,597	-	73,155,597	73,155,597	-	57
NTGIColtv Govt Stif Regi Stered	-	52,548,605	52,548,605	52,548,605	-	95
SYNCHRONY FINL COM SEDOL	85,905,756	-	85,905,756	85,905,756	-	6
UNITED STATES OF AMER TREAS BILLS 3-23-2017	-	44,886,250	44,886,250	44,886,250	-	1
UNITED STATES OF AMER TREAS BILLS 10-12-2017	74,662,542	-	74,662,542	74,662,542	-	1
UNITED STATES OF AMER TREAS BILLS 10-12-2017	-	74,662,542	74,662,542	74,662,542	-	1
UNITED STATES OF AMER TREAS BILLS 3-15-2018	49,711,833	-	49,711,833	49,711,833	-	1
UNITED STATES OF AMER TREAS BILLS 3-15-2018	-	19,944,389	19,884,733	19,944,389	59,656	1
US GOVT NATIONAL T-BILL DUE 09-21-2017 REG	84,617,547	-	84,617,547	84,617,547	-	2
US GOVT NATIONAL T-BILL DUE 09-21-2017	-	84,777,172	84,617,547	84,777,172	159,625	2
WITREAS BILLS 04-12-2018	79,506,578	-	79,506,578	79,506,578	-	1
WITREAS BILLS 04-12-2018	-	39,796,987	39,753,289	39,796,987	43,698	1

Lutz

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of vesting service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29			7	3							10
30–34	1	1	6	49 1,904	2						59
35–39			10	91 2,498	72 4,293	5					178
40–44		1	13	78 3,625	115 6,772	58 6,722	8				273
45–49		4	11	83 3,465	135 7,573	106 9,319	64 8,628	9			412
50–54			11	95 3,529	159 7,887	101 10,674	116 12,955	60 14,295	18	1	561
55–59			15	82 4,334	144 9,000	112 12,421	108 11,853	59 14,833	92 10,752	10	622
60–64			11	68 4,058	121 9,689	102 14,002	77 10,081	42 24,035	63 19,845	54 11,789	538
65–69			2	9	8	11	12	10	7	11	70
70 & up		1	1	1	3	1	6	1		7	21
Total	1	7	87	559	759	496	391	181	180	83	2,744

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is the average annual frozen benefit. Average frozen benefit is not shown for cells with fewer than 20 participants. As of January 1, 2017, no active participant is eligible for future benefit accruals.

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Actuarial Assumptions for January 1, 2017 Funding Valuation****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment		
• Look-back months	0		
		Stabilized	Nonstabilized
• First 5 years		4.16%	1.57%
• Next 15 years		5.72%	3.77%
• Over 20 years		6.48%	4.73%

Mortality sponsor elections

- Healthy and disabled participants Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.

417(e) lump sums

Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.

Other economic assumptions

- Expected investment return 6.75% per year for 2017, limited by the 3rd segment rate as required by the asset method
- Expenses \$3,210,000 added to current year normal cost

Rationale for Economic Assumptions

- Expected investment return – The expected return assumption was selected by the actuary. For funding purposes, the assumption was developed based on a combination of historical and forward looking assumptions reflecting the plan's current target investment portfolio and Mercer Investment Consulting's Capital Market Outlook assumptions as of January 1, 2017.
- Expenses – The expense assumption is estimated by annualizing actual administrative expenses from January 1, 2017 through July 31, 2017, plus PBGC premiums expected to be paid in the current plan year (for BHCPP and FlightSafety), rounded to the nearest \$10,000.

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Demographic assumptions**

- Withdrawal

Omaha	Not applicable – all actives are eligible for early retirement
UUPP	See table of sample rates
Dexter	See table of sample rates
Justin	See table of sample rates
Marmon	See table of sample rates
Tank	Not applicable – all actives are eligible for early retirement
FlightSafety	See table of sample rates
Precision	None

- Disability incidence

Omaha	None
UUPP	See table of sample rates. 100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.
Dexter	None
Justin	See table of sample rates. 100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.
Marmon	See table of sample rates. 100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.
Tank	None
FlightSafety	None
Precision	None

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

-
- Retirement age

Omaha	See table of rates below
UUPP	See table of rates below
Dexter	100% at age 65
Justin	Union: 100% at age 65 Non Union: see table of rates below
Marmon	100% at age 65
Tank	100% at age 63
FlightSafety	100% at age 65
Precision	100% at age 65

Attained age	Percentage		Justin Non Union
	Omaha	UUPP	
Under 55	0.0%	0.0%	0.0%
55	1.5%	5.0%	5.0%
56	1.5%	5.0%	2.5%
57	1.5%	5.0%	2.5%
58	1.5%	5.0%	2.5%
59	1.5%	5.0%	4.0%
60	2.5%	10.0%	4.0%
61	4.0%	10.0%	7.5%
62	12.0%	25.0%	25.0%
63	12.0%	25.0%	15.5%
64	12.0%	25.0%	25.0%
65	100.0%	40.0%	100.0%
66	100.0%	40.0%	100.0%
67	100.0%	40.0%	100.0%
68	100.0%	40.0%	100.0%
69	100.0%	40.0%	100.0%
70 and above	100.0%	100.0%	100.0%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- Benefit commencement age for
 - Future vested deferred

Omaha	65
UUPP	Benefits payable in annuity form: 60 if eligible for early retirement; else 65 Benefits payable in lump sum form: Immediate
Dexter	65
Justin	65
Marmon	65
Tank	65
FlightSafety	65
Precision	65

Current vested deferred

Same as future vested deferred

- Spouse assumptions
 - Percentage married

Omaha	100%
UUPP	80%
Dexter	80%
Justin	85%
Marmon	100%
Tank	80%
FlightSafety	80%
Precision	100%

- Spouse age difference

	<u>Male participants</u>	<u>Female participants</u>
Omaha	3 years younger	3 years older
UUPP	2 years younger	2 years older
Dexter	3 years younger	3 years older
Justin	3 years younger	3 years older
Marmon	3 years younger	3 years older
Tank	3 years younger	3 years older
FlightSafety	3 years younger	3 years older
Precision	3 years younger	3 years older

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Form of payment ¹**

- Active retirements

	<u>Lump sum</u>	<u>Normal form</u>
Omaha	0%	100%
UUPP		
• Legacy and attained age 62 with 10 years of service	100%	0%
• All others	90%	10%
Dexter	100%	0%
Justin	80%	20%
Marmon	0%	100%
Tank	0%	100%
FlightSafety	0%	100%
Precision	0%	100%
	<u>Lump sum</u>	<u>Normal form</u>
Omaha	N/A	N/A
UUPP		
• Legacy and attained age 62 with 10 years of service	100%	0%
• All others	90%	10%
Dexter	100%	0%
Justin	0%	100%
Marmon	0%	100%
Tank	N/A	N/A
FlightSafety	0%	100%
Precision	0%	100%

- Future vested deferred

- Future disabilities 100% elect normal form
- Future deaths 100% elect qualified pre-retirement survivor annuity
- Current vested deferred 100% elect normal form

Unpredictable contingent event assumptions

UUPP: likelihood of event is de minimis
Not applicable for all other plans

¹ UUPP assumes participants elect the normal form based on marital status. All other plans assume participants elect the normal form for unmarried participants regardless of marital status.

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Table of Sample Withdrawal Rates**

Attained Age	UUPP	Dexter	Justin		Marmon		FlightSafety	
	All	All	Salaried	Hourly	Former Anderson	Former O&M	Male	Female
25	17.00%	25.00%	18.50%	37.98%	7.20%	5.29%	7.72%	7.94%
30	12.00%	17.60%	16.00%	32.08%	3.30%	4.92%	7.22%	7.72%
35	8.00%	10.00%	14.40%	24.40%	2.30%	4.56%	6.28%	7.22%
40	7.00%	7.50%	11.00%	18.00%	1.60%	4.19%	5.15%	6.28%
45	7.00%	5.00%	7.20%	12.56%	0.30%	3.11%	3.98%	5.15%
50	7.00%	2.50%	5.40%	7.92%	0.00%	2.02%	2.56%	3.98%
55	10.00%	0.00%	4.40%	4.08%	0.00%	0.94%	0.94%	2.56%
60	10.00%	0.00%	0.00%	0.92%	0.00%	0.27%	0.09%	0.94%
65	10.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%

Table of Sample Disability Rates

Attained Age	UUPP		Justin		Marmon	
	Male	Female	Salaried	Hourly	Male	Female
25	0.03%	0.03%	0.03%	0.15%	0.03%	0.05%
30	0.03%	0.04%	0.07%	0.16%	0.04%	0.06%
35	0.04%	0.07%	0.12%	0.19%	0.05%	0.08%
40	0.08%	0.13%	0.18%	0.30%	0.07%	0.10%
45	0.16%	0.24%	0.28%	0.45%	0.10%	0.15%
50	0.33%	0.40%	0.48%	0.69%	0.18%	0.26%
55	0.69%	0.64%	0.87%	1.19%	0.36%	0.49%
60	1.15%	0.90%	1.38%	1.80%	0.90%	1.21%
65+	0.00%	0.00%	1.88%	1.93%	2.22%	2.89%

Rationale for Demographic Assumptions

All demographic assumptions used in the funding valuation remain unchanged from those used by the prior plan sponsors. Please refer to the last actuarial reports issued by the prior actuaries for summaries of the rationale documented by the prior actuaries.

Based on recent demographic experience, it appears that the demographic assumptions used by the prior actuaries are reasonable.

Actuarial Methods for Funding**Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

The market value for any determination date that precedes December 31, 2016 is \$0 because BHCPP did not exist at that time. There are no contributions, benefit payments and expenses before January 1, 2017. The market value of assets for the former plans will be considered an asset transfer into BHCPP as of the end of business day on December 31, 2016.

As a result, the actuarial value of assets as of January 1, 2017 is equal to the market value of assets as of January 1, 2017. The actuarial value of assets as of January 1, 2018 will be equal to the average of the adjusted market values as of January 1, 2017 and January 1, 2018. The actuarial value of assets as of January 1, 2019 and later years will be the average method described above as the plan will have at least two complete years of asset experience by January 1, 2019.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all eligible employees as of the valuation date.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** With the exception of the FlightSafety and Precision plans, the plans do not have any insurance contracts. For the FlightSafety and Precision plans, we have relied on information provided by MassMutual and Principal, respectively.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Berkshire Hathaway Consolidated Pension Plan

Schedule of Reportable Transactions – Schedule H – Item 4j

Year Ended December 31, 2017

Employer Identification Number 45-5344990
Plan Number 003

	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>	<u>Number of Transactions</u>
<u>NORTHERN TRUST COMPANY</u>						
APPLE INC COM STK	\$ 71,936,214	\$ -	\$ 71,936,214	\$ 71,936,214	\$ -	3
CHARTER COMMUNICATIONS INC NEW CL A	-	56,576,754	28,094,932	56,576,754	28,481,822	4
GEN MTRS CO COM	-	58,019,145	42,290,727	58,019,145	15,728,418	3
NTGICoItv Govt Stif Regi Stered	73,155,597	-	73,155,597	73,155,597	-	57
NTGICoItv Govt Stif Regi Stered	-	52,548,605	52,548,605	52,548,605	-	95
SYNCHRONY FINL COM SEDOL	85,905,756	-	85,905,756	85,905,756	-	6
UNITED STATES OF AMER TREAS BILLS 3-23-2017	-	44,886,250	44,886,250	44,886,250	-	1
UNITED STATES OF AMER TREAS BILLS 10-12-2017	74,662,542	-	74,662,542	74,662,542	-	1
UNITED STATES OF AMER TREAS BILLS 10-12-2017	-	74,662,542	74,662,542	74,662,542	-	1
UNITED STATES OF AMER TREAS BILLS 3-15-2018	49,711,833	-	49,711,833	49,711,833	-	1
UNITED STATES OF AMER TREAS BILLS 3-15-2018	-	19,944,389	19,884,733	19,944,389	59,656	1
US GOVT NATIONAL T-BILL DUE 09-21-2017 REG	84,617,547	-	84,617,547	84,617,547	-	2
US GOVT NATIONAL T-BILL DUE 09-21-2017	-	84,777,172	84,617,547	84,777,172	159,625	2
W I TREAS BILLS 04-12-2018	79,506,578	-	79,506,578	79,506,578	-	1
W I TREAS BILLS 04-12-2018	-	39,796,987	39,753,289	39,796,987	43,698	1

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BH MEDIA GROUP, INC.	D Employer Identification Number (EIN) 45-5344990
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>		
2	Assets:		
	a Market value.....	2a	1,064,224,081
	b Actuarial value	2b	1,064,224,081
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	15,141	512,183,405
	b For terminated vested participants	2,946	81,403,542
	c For active participants	2,744	163,256,867
	d Total	20,831	756,843,814
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.84%
6	Target normal cost	6	3,210,000

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>OCTOBER 4, 2018</u> Date 1707710 Most recent enrollment number 415-743-8774 Telephone number (including area code)
	SCOTT POLLACK Type or print name of actuary	
	MERCER Firm name	
	4 EMBARCADERO CENTER SUITE 400 SAN FRANCISCO CA 94111 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	9,487,430	1,135,970
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	69,205	306,345
9 Amount remaining (line 7 minus line 8).....	9,418,225	829,625
10 Interest on line 9 using prior year's actual return of 0.00%	557,542	55,088
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 0.00%.....		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	180,000	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	9,795,767	884,713

Part III Funding Percentages

14 Funding target attainment percentage	14	138.83%
15 Adjusted funding target attainment percentage.....	15	140.24%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.16 %2nd segment:
5.72 %3rd segment:
6.48 %☐ N/A, full yield curve used**b** Applicable month (enter code)..... **21b** 0**22** Weighted average retirement age **22** 64**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)..... **31a** 3,210,000**b** Excess assets, if applicable, but not greater than line 31a **31b** 3,210,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment.....	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**

Schedule SB, line 16 — Explanation of Prior Year's Funding Percentage

Due to the plan merge, the FTAP for line 16 is not available as there was no valuation done for the 1 day 12/31/2016 plan year.

Schedule SB, line 13 – Explanation of Credit Balance Discrepancy

Effective as of the end of the day on December 31, 2016, the eight plans listed below were merged, forming a new plan, BHCPP.

- Omaha World-Herald Employee Retirement Plan (Omaha)
- Union Underwear Pension Plan (UUPP)
- Group Retirement Plan for Employees of Dexter Shoe Company and Pan Am Shoe Company (Dexter)
- Justin Brands, Inc. Pension Plan (Justin)
- The Marmon Consolidated Defined Benefit Plan (Marmon)
- Union Tank Car Company East Chicago, Indiana Hourly Employees' Retirement Plan (Tank)
- FlightSafety International Inc. Retirement Income Plan (FlightSafety)
- Precision Steel Warehouse, Incorporated Hourly Employees Pension Plan and Trust (Precision)

The table below shows the carryover balance and prefunding balance for items 7 through 13 for each plan separately, as well as the total end of year carryover balance for the plan after the merge.

Carryover Balances						
Plan	Omaha	Dexter	Justin	Tank	Precision	Total
Line 7	3,758,448	4,314,625	8,924	975,922	429,511	9,487,430
Line 8	0	0	0	69,205	0	69,205
Line 9	3,758,448	4,314,625	8,924	906,717	429,511	9,418,225
actual return	7.12%	5.66%	8.33%	6.65%	-0.58%	N/A
Line 10	254,785	244,208	743	60,297	-2,491	557,542
Line 11	N/A	N/A	N/A	N/A	N/A	N/A
Line 12	180,000	0	0	0	0	180,000
Line 13	3,833,233	4,558,833	9,667	967,014	427,020	9,795,767

Prefunding Balances			
Plan	Marmon	Tank	Total
Line 7	1,129,501	6,469	1,135,970
Line 8	306,345	0	306,345
Line 9	823,156	6,469	829,625
actual return	6.64%	6.65%	N/A
Line 10	54,658	430	55,088
Line 11	0	0	0
Line 12	0	0	0
Line 13	877,814	6,899	884,713

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

Omaha

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire	(E) (A) x (D)
55	1.5%	10,000	150	8,250
56	1.5%	9,850	148	8,288
57	1.5%	9,702	146	8,322
58	1.5%	9,557	143	8,294
59	1.5%	9,413	141	8,319
60	2.5%	9,272	232	13,920
61	4.0%	9,040	362	22,082
62	12.0%	8,679	1,041	64,542
63	12.0%	7,637	916	57,708
64	12.0%	6,721	807	51,648
65	100%	5,914	5,914	384,410
66	100%	0	0	0
67	100%	0	0	0
68	100%	0	0	0
69	100%	0	0	0
70	100%	0	0	0
Total			10,000	635,783
Average				63.58

*Schedule SB, line 22 — Description of Weighted Average Retirement Age***Precision**

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire	(E) (A) x (D)
55	0%	10,000	0	0
56	0%	10,000	0	0
57	0%	10,000	0	0
58	0%	10,000	0	0
59	0%	10,000	0	0
60	0%	10,000	0	0
61	0%	10,000	0	0
62	0%	10,000	0	0
63	0%	10,000	0	0
64	0%	10,000	0	0
65	100%	10,000	10,000	650,000
66	100%	0	0	0
67	100%	0	0	0
68	100%	0	0	0
69	100%	0	0	0
70	100%	0	0	0
Total			10,000	650,000
Average				65

*Schedule SB, line 22 — Description of Weighted Average Retirement Age***UUPP**

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire	(E) (A) x (D)
55	5%	10,000	500	27,500
56	5%	9,500	475	26,600
57	5%	9,025	451	25,707
58	5%	8,574	429	24,882
59	5%	8,145	407	24,013
60	10%	7,738	774	46,440
61	10%	6,964	696	42,456
62	25%	6,268	1,567	97,154
63	25%	4,701	1,175	74,025
64	25%	3,526	881	56,384
65	40%	2,644	1,058	68,770
66	40%	1,586	635	41,910
67	40%	952	381	25,527
68	40%	571	228	15,504
69	40%	343	137	9,453
70	100%	206	206	14,420
Total			10,000	620,745
Average				62.07

*Schedule SB, line 22 — Description of Weighted Average Retirement Age***FlightSafety**

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire	(E) (A) x (D)
55	0%	10,000	0	0
56	0%	10,000	0	0
57	0%	10,000	0	0
58	0%	10,000	0	0
59	0%	10,000	0	0
60	0%	10,000	0	0
61	0%	10,000	0	0
62	0%	10,000	0	0
63	0%	10,000	0	0
64	0%	10,000	0	0
65	100%	10,000	10,000	650,000
66	100%	0	0	0
67	100%	0	0	0
68	100%	0	0	0
69	100%	0	0	0
70	100%	0	0	0
Total			10,000	650,000
Average				65

*Schedule SB, line 22 — Description of Weighted Average Retirement Age***Justin – Non Union**

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire	(E) (A) x (D)
55	5.0%	10,000	500	27,500
56	2.5%	9,500	238	13,328
57	2.5%	9,263	232	13,224
58	2.5%	9,031	226	13,108
59	4.0%	8,805	352	20,768
60	4.0%	8,453	338	20,280
61	7.5%	8,115	609	37,149
62	25.0%	7,506	1,877	116,374
63	15.5%	5,630	873	54,999
64	25.0%	4,757	1,187	75,968
65	100%	3,568	3,568	231,920
66	100%	0	0	0
67	100%	0	0	0
68	100%	0	0	0
69	100%	0	0	0
70	100%	0	0	0
Total			10,000	624,618
Average				62.46

*Schedule SB, line 22 — Description of Weighted Average Retirement Age***Tank**

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire	(E) (A) x (D)
55	0%	10,000	0	0
56	0%	10,000	0	0
57	0%	10,000	0	0
58	0%	10,000	0	0
59	0%	10,000	0	0
60	0%	10,000	0	0
61	0%	10,000	0	0
62	0%	10,000	0	0
63	100%	10,000	10,000	630,000
64	100%	0	0	0
65	100%	0	0	0
66	100%	0	0	0
67	100%	0	0	0
68	100%	0	0	0
69	100%	0	0	0
70	100%	0	0	0
Total			10,000	630,000
Average				63

*Schedule SB, line 22 — Description of Weighted Average Retirement Age***Dexter**

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire	(E) (A) x (D)
55	0%	10,000	0	0
56	0%	10,000	0	0
57	0%	10,000	0	0
58	0%	10,000	0	0
59	0%	10,000	0	0
60	0%	10,000	0	0
61	0%	10,000	0	0
62	0%	10,000	0	0
63	0%	10,000	0	0
64	0%	10,000	0	0
65	100%	10,000	10,000	650,000
66	100%	0	0	0
67	100%	0	0	0
68	100%	0	0	0
69	100%	0	0	0
70	100%	0	0	0
Total			10,000	650,000
Average				65

*Schedule SB, line 22 — Description of Weighted Average Retirement Age***Marmon**

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire	(E) (A) x (D)
55	0%	10,000	0	0
56	0%	10,000	0	0
57	0%	10,000	0	0
58	0%	10,000	0	0
59	0%	10,000	0	0
60	0%	10,000	0	0
61	0%	10,000	0	0
62	0%	10,000	0	0
63	0%	10,000	0	0
64	0%	10,000	0	0
65	100%	10,000	10,000	650,000
66	100%	0	0	0
67	100%	0	0	0
68	100%	0	0	0
69	100%	0	0	0
70	100%	0	0	0
Total			10,000	650,000
Average				65

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Plan	Count of Active Participants (a)	Average Retirement Age (b)	(a) x (b)
Omaha	56	63.58	3,560
Precision	27	65	1,755
UUPP	1,011	62.07	62,753
Flight	1,213	65	78,845
Justin	370	62.46	23,110
Marmon	9	65	585
Tank	6	63	378
Dexter	52	65	3,380
Total	2,744	N/A	174,366
Average Retirement Age (Total of (a) x (b)) / Total (a)			63.54

Schedule SB, Part V — Summary of Plan Provisions

	Omaha	UUPP	Dexter	Justin	Marmon	Tank	FlightSafety	Precision
Former Plan name	Omaha World-Herald Employee Retirement Plan	Union Underwear Pension Plan	Group Retirement Plan for Employees of Dexter Shoe Company and Pan Am Shoe Company	Justin Brands, Inc. Pension Plan	The Marmon Consolidated Defined Benefit Plan	Union Tank Car Company East Chicago, Indiana Hourly Employees' Retirement Plan	FlightSafety International Inc. Retirement Income Plan	Precision Steel Warehouse, Incorporated Hourly Employees Pension Plan and Trust
Plan sponsor	BH Media Group, Inc.	BH Media Group, Inc.	BH Media Group, Inc.	BH Media Group, Inc.	BH Media Group, Inc.	BH Media Group, Inc.	BH Media Group, Inc.	BH Media Group, Inc.
Former Plan sponsor	BH Media Group, Inc.	Union Underwear Company, Inc.	Soft Shoe L.L.C.	Justin Brands, Inc.	Marmon Engineered Components Company	Union Tank Car Company	FlightSafety International Inc.	Precision Steel Warehouse, Incorporated
Original plan effective date	July 1, 1947	Legacy: January 1, 1959 Russell: July 1, 1968 Huffy: March 1, 1984	July 1, 1966	January 1, 2002	Cerro Brave: December 1, 1970 Cerro Bristol: January 1, 1959 Cerro Delta: November 3, 1988 Cerro NECG: March 1, 1973 O&M: September 18, 1983	January 1, 1976	December 31, 1965	June 1, 1960
Restated plan effective date	January 1, 2016	January 1, 2015	January 1, 2016	January 1, 2002	December 31, 2010	January 1, 2014	December 31, 2011	December 20, 2013
Plan year	January 1 to December 31	January 1 to December 31	January 1 to December 31	January 1 to December 31	January 1 to December 31	January 1 to December 31	December 31 to December 30 As of December 31, 2016: December 31 (short plan year) Effective January 1, 2017: January 1 to December 31	June 1 to December 31 Effective January 1, 2017: January 1 to December 31
Status of the plan	Benefit accruals are frozen as of December 31, 2008. Employees hired on or after January 1, 2006 are not eligible to participate.	As of January 1, 2016, the plan has active participants in Legacy and Russell only. The remainder of this plan summary summarizes provisions for these two locations only. Benefit accruals are frozen as of December 31, 2007 for Legacy and March 31, 2006 for Russell. No new employees are eligible to participate in the plan on or after December 31, 2007 for Legacy and December 31, 2005 for Russell.	Benefit accruals are frozen as of December 31, 2001. Employees hired on or after January 1, 2002 are not eligible to participate.	NonUnion: Benefit accruals are frozen as of December 31, 2014. Employees hired on or after January 1, 2011 are not eligible to participate. Union: The plan has ongoing benefit accruals. Employees hired on or after January 1, 2011 are not eligible to participate. As of January 1, 2017, there are no Union employees so there are no participants accruing benefits in the plan.	As of January 1, 2016, the plan has active participants in Cerro Brave and O&M only. The remainder of this plan summary summarizes provisions for these two locations only. Benefit accruals are frozen as of December 31, 2007 for Cerro Brave and December 19, 2000 for O&M. No new employees are eligible to participate in the plan on or after December 31, 2007.	Benefit accruals are frozen as of August 15, 1983. No new employees are eligible to participate in the plan on or after August 15, 1983.	Benefit accruals are frozen as of December 30, 2004 for Canadian participants and as of December 30, 2012 for all other participants. No new employees are eligible to participate in the plan on or after December 31, 2005.	Benefit accruals are frozen as of May 31, 2006. No new employees are eligible to participate in the plan on or after May 31, 2006.

Schedule SB, Part V — Summary of Plan Provisions

	Omaha	UUPP	Dexter	Justin	Marmon	Tank	FlightSafety	Precision
Significant events that occurred during the year	The plan merged into the Berkshire Hathaway Consolidated Pension Plan effective December 31, 2016.	The plan merged into the Berkshire Hathaway Consolidated Pension Plan effective December 31, 2016.	The plan merged into the Berkshire Hathaway Consolidated Pension Plan effective December 31, 2016.	The plan merged into the Berkshire Hathaway Consolidated Pension Plan effective December 31, 2016.	The plan merged into the Berkshire Hathaway Consolidated Pension Plan effective December 31, 2016.	The plan merged into the Berkshire Hathaway Consolidated Pension Plan effective December 31, 2016.	The plan merged into the Berkshire Hathaway Consolidated Pension Plan effective December 31, 2016.	The plan merged into the Berkshire Hathaway Consolidated Pension Plan effective December 31, 2016.
Definitions								
• Covered employees	All employees of the employer, except leased employees.	All employees of the employer, except leased employees and certain employees whose conditions of employment are covered by a collective bargaining agreement.	All employees of Dexter Shoe Company and (effective January 1, 1995) all employees of Pan Am Shoe Company.	NonUnion: All employees of the employer, except employees in a collective bargaining unit. Union: Employees represented by the United Shoe Workers of America, Local 211-A of Fort Worth, Texas, AFL-CIO.	Cerro Brave: employees represented by the United Steelworkers of America, AFL-CIO, and its Local 6738. O&M: employees represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW) Local No. 864	All employees of the employer, except leased employees.	All employees of the employer, except employees of FlightSafety Services Corporation, non-resident aliens who receive no income from sources within the United States and leased employees.	Employees represented by the United Steelworkers of America, AFL-CIO
• Participation	Covered employees are eligible for participation on the earlier of January 1 or July 1 after attaining age 21 and the completion of a year of service (twelve consecutive months beginning with the date of hire or the plan year which includes the anniversary of the date of hire) in which 1,000 hours of service was earned. No employees hired or rehired on or after January 1, 2006 are eligible to participate.	Covered employees are eligible for participation on the earlier of January 1 or July 1 after attaining age 21 and the completion of a year of service (twelve consecutive months beginning with the date of hire) in which 1,000 hours of service was earned. No new employees are eligible to participate in the plan on or after December 31, 2007 for Legacy and December 31, 2005 for Russell.	Covered employees are eligible for participation on the earlier of January 1 or July 1 after the completion of a year of service (twelve consecutive months beginning with the date of hire or the plan year which includes the anniversary of the date of hire) in which 1,000 hours of service was earned. No employees hired or rehired on or after January 1, 2002 are eligible to participate.	Covered employees are eligible for participation on the earlier of January 1 or July 1 after attaining age 21 and the completion of a year of service (twelve consecutive months beginning with the date of hire or the plan year which includes the anniversary of the date of hire) in which 1,000 hours of service was earned. No employees hired or rehired on or after January 1, 2011 are eligible to participate.	Cerro Brave: Participation begins on the date of hire. No new employees are eligible to participate in the plan on or after December 31, 2007. O&M: Participation begins on the date the employee attained age 21 and completed one year of service.	Covered employees are eligible for participation on the earlier of the first day of the month following the first anniversary of the date of hire (provided 1,000 hours of service was earned in the initial twelve-month period of hire) or the first day of any subsequent plan year following a plan year in which 1,000 hours of service was earned. No new employees are eligible to participate in the plan on or after August 15, 1983.	Covered employees are eligible for participation on the earlier of December 31 or June 30 after attaining age 21 and the completion of a year of service (twelve consecutive months beginning with the date of hire or the plan year which includes the anniversary of the date of hire) in which 1,000 hours of service was earned. No new employees are eligible to participate in the plan on or after December 31, 2005.	Covered employees are eligible for participation on the earlier of June 1 or December 1 after the completion of a year of service (twelve consecutive months beginning with the date of hire or each anniversary of such date) in which 1,000 hours of service was earned. No new employees are eligible to participate in the plan on or after May 31, 2006.
• Employee contributions	No employee contributions are required for plan years beginning after December 31, 1982. Employee contributions made before January 1, 1983 are fully vested.	None	None	None	None	None	No employee contributions are required for plan years beginning after December 31, 1980. Employee contributions made before December 31, 1980 are fully vested.	None

Schedule SB, Part V — Summary of Plan Provisions

	Omaha	UUPP	Dexter	Justin	Marmon	Tank	FlightSafety	Precision
• Vesting service	Each plan year with 1,000 hours of service is a Year of Vesting Service, but excluding periods prior to attaining age 18.	Elapsed time from date of hire.	Each plan year with 1,000 hours of service is a Year of Vesting Service.	Each plan year with 1,000 hours of service is a Year of Vesting Service. In the initial year of hire and the final year of termination, partial vesting service will be granted for fewer than 1,000 hours.	Cerro Brave: Each plan year with 1,000 hours of service is a Year of Vesting Service. O&M: Elapsed time from date of hire.	Each plan year with 1,000 hours of service is a Year of Vesting Service. For plan years with less than 1,000 hours of service, one month of service is credited for each full 150 hours of service.	Each plan year with 1,000 hours of service is a Year of Vesting Service, excluding plan years before attaining age 18. A participant who is credited with 1,000 hours of service during December 31, 2016 through December 30, 2017 and 1,000 hours of service during January 1, 2017 through December 31, 2017 will be credited with two Years of Vesting Service.	Each plan year with 1,000 hours of service is a Year of Vesting Service. A participant who is credited with 1,000 hours of service during June 1, 2016 through May 31, 2017 and 1,000 hours of service during January 1, 2017 through December 31, 2017 will be credited with two Years of Vesting Service.
• Accrued benefit	Frozen benefit as of December 31, 2008	Legacy: Frozen benefit as of December 31, 2007 equal to the sum of (1) and (2): (1) Basic benefit frozen as of December 31, 2007 (2) Excess benefit frozen as of December 31, 2007 Russell: frozen benefit as of March 31, 2006	Frozen benefit as of December 31, 2001	NonUnion: Frozen benefit as of December 31, 2014 Union: As of January 1, 2017, there are no Union active participants accruing benefits in this plan.	Cerro Brave: A monthly pension of \$23.50 multiplied by years of credited service. This benefit is frozen as of December 31, 2007. Cerro Bristol: Frozen benefit as of December 19, 2000	Frozen benefit as of August 15, 1983.	Frozen benefit as of December 30, 2004 for Canadian participants and as of December 30, 2012 for all other participants.	Frozen benefit as of May 31, 2006
Normal retirement								
• Eligibility	Later of age 65 and the fifth anniversary of the date of participation	Age 65	Age 65	Later of age 65 or the earlier of the fifth anniversary of the date of participation or 5 years of vesting service	Age 65	Age 65	Later of age 65 and the fifth anniversary of the date of participation	Age 65
• Benefit	Accrued benefit	Accrued benefit	Accrued benefit	Accrued benefit	Accrued benefit	Accrued benefit	Accrued benefit	Accrued benefit
Early retirement								
• Eligibility	Age 55 and 10 years of vesting service	Legacy: Age 55 and 10 years of vesting service Russell: Age 55 and 20 years of vesting service	Age 55 and 5 years of vesting service	NonUnion: Age 55 and 5 years of vesting service Union: Age 60 and 10 years of vesting service	Cerro Brave: Age 60 and 10 years of credited service O&M: Age 62 and 10 years of vesting service	Age 55 and 10 years of vesting service	Age 55 and 10 years of vesting service	Age 55 and 5 years of vesting service

Schedule SB, Part V — Summary of Plan Provisions

	Omaha	UUPP	Dexter	Justin	Marmon	Tank	FlightSafety	Precision
• Benefit	Accrued benefit, reduced by 6 2/3% per year for the first five years by which the early retirement date precedes the normal retirement date, by 3 1/3% per year for the next five years and reduced actuarially for each additional year after.	Legacy: Accrued benefit, reduced by the following schedule: (1) Basic benefit is reduced by 4.8% for each year by which the early retirement date precedes the normal retirement date (2) Excess benefit is reduced by 7.8% per year for the first three years by which the early retirement date precedes the normal retirement date, 5.4% per year for the next two years and 3.6% per year for the next five years after. Russell: Accrued benefit, reduced by 5.00% per year for the first five years by which the early retirement date precedes the normal retirement date, and by 6.67% per year for the next five years. Huffy: Accrued benefit, reduced by 7.20% for each year by which the early retirement date precedes the normal retirement date.	Accrued benefit, reduced by 6.67% per year for the first five years by which the early retirement date precedes the normal retirement date, and by 3.33% per year for the next five years.	Accrued benefit, reduced by 6.67% (5% for NonUnion) for each year by which the early retirement date precedes the normal retirement date.	Accrued benefit, reduced by 6% for Cerro Brave and 6.67% for O&M for each year by which the early retirement date precedes the normal retirement date.	Accrued benefit, reduced by 3% for each year by which the early retirement date precedes age 62. No reduction for benefits payable after age 62.	A reduced benefit actuarially equivalent to the normal retirement benefit	Accrued benefit, reduced by 6% for each year in which the early retirement date precedes the normal retirement date.
Late retirement								
• Eligibility	After normal retirement date	After normal retirement date	After normal retirement date	After normal retirement date	After normal retirement age	After normal retirement date	After normal retirement date	After normal retirement date
• Benefit	An increased benefit actuarially equivalent to the normal retirement benefit	An increased benefit actuarially equivalent to the normal retirement benefit	Greater of accrued benefit on normal retirement date increased by 5% per year that retirement is postponed beyond normal retirement date, or accrued benefit on late retirement date	Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date	An increased benefit actuarially equivalent to the normal retirement benefit	An increased benefit actuarially equivalent to the normal retirement benefit	An increased benefit actuarially equivalent to the normal retirement benefit	Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date
Deferred vested								
• Eligibility	100% vested after five years of vesting service	100% vested after five years of vesting service	All participants are vested after September 17, 2001	100% vested after five years of vesting service	100% vested after five years of vesting service	100% vested after five years of vesting service	100% vested after five years of vesting service or attained age 55 while actively employed	100% vested after five years of service

Schedule SB, Part V — Summary of Plan Provisions

	Omaha	UUPP	Dexter	Justin	Marmon	Tank	FlightSafety	Precision
• Benefit	Accrued benefit payable at the later of normal retirement date, 10th anniversary of participation and the date of termination.	Accrued benefit payable at normal retirement date. Legacy and Huff participants who completed 10 years of vesting service at the date of termination can commence benefits as early as the early retirement age, reduced according to the schedule shown in the early retirement benefit section. Russell participants can commence benefits as early as age 55 that are actuarially equivalent to their normal retirement benefit.	Accrued benefit payable as early as age 55 based on the early retirement reduction schedule.	Accrued benefit payable at normal retirement date. If the participant completed 10 years of vesting service at the date of termination (5 years for NonUnion), the benefit is payable as early as the early retirement age, reduced according to the schedule shown in the early retirement benefit section.	Accrued benefit payable at normal retirement date. If the participant completed 10 years of credited service at the date of termination, the benefit is payable as early as the early retirement age, reduced by 6.67% for each year by which the early retirement date precedes the normal retirement date.	Accrued benefit payable as early as age 55 based on the early retirement reduction schedule.	Accrued benefit payable at normal retirement date. If the participant completed 10 years of vesting service at the date of termination, the benefit is payable as early as the early retirement age, reduced according to the schedule shown in the early retirement benefit section.	Accrued benefit payable as early as age 55 based on the early retirement reduction schedule.
Disability								
• Eligibility	Total and permanent disability with five years of vesting service	Legacy: Age 50, 10 years of vesting service and eligible for Social Security disability benefit within an approved period Russell: Total and permanent disability with 15 years of vesting service	Not applicable.	Union: Total and permanent disability with 15 years of vesting service NonUnion: Total and permanent disability with 10 years of vesting service	15 years of credited service (10 years for O&M)	Not applicable.	Not applicable.	Permanent and total disablement with five years of credited service
• Benefit	Accrued benefit payable at normal retirement age	Accrued benefit payable immediately without reduction for early commencement	Not applicable.	Accrued benefit payable immediately after a five-month waiting period, without reduction for early commencement	Accrued benefit payable immediately if qualified for Social Security disability benefits. Otherwise a temporary disability benefit is payable until the earlier of normal retirement date or the date the participant is eligible for Social Security disability benefits	Not applicable.	Not applicable.	Accrued benefit payable immediately after a 26-week waiting period, without reduction for early commencement

Schedule SB, Part V — Summary of Plan Provisions

	Omaha	UUPP	Dexter	Justin	Marmon	Tank	FlightSafety	Precision
Pre-retirement death								
• Eligibility	Five years of vesting service	Eligible for normal, early, late or deferred vested retirement benefits	Five years of vesting service. The participant and spouse must have been married for at least one year as of the participant's date of death. Participant pays for coverage of pre-retirement death benefits after participant terminates employment via a benefit reduction for the time coverage was in effect after January 1, 1986.	Five years of vesting service. The participant and spouse must have been married for at least one year as of the participant's date of death.	Five years of vesting service. The participant and spouse must have been married for at least one year as of the participant's date of death.	Five years of vesting service and elected coverage of death benefits. The participant and spouse must have been married for at least one year as of the participant's date of death. Participant pays for coverage of pre-retirement death benefits after participant terminates employment via a benefit reduction.	Five years of vesting service or attained age 55 while actively employed. The participant and spouse must have been married for at least one year as of the participant's date of death.	Five years of vesting service
• Benefit prior to early retirement eligibility	The surviving spouse receives a survivor annuity as if participant separated from service on date of death, survived to the earliest retirement age, commenced payments under the 66 2/3% joint and survivor annuity and died on the day after benefits commenced. The beneficiary of an unmarried participant receives the participant's accrued benefit payable immediately for five years only.	The surviving spouse receives a survivor annuity as if participant separated from service on date of death, survived to the earliest retirement age, commenced payments under the 50% joint and survivor annuity and died on the day after benefits commenced.	The surviving spouse receives a survivor annuity as if participant separated from service on date of death, survived to the earliest retirement age, commenced payments under the 50% joint and survivor annuity and died on the day after benefits commenced.	If a NonUnion participant dies while actively employed with five years of vesting service, the surviving spouse receives 50% of the participant's accrued benefit, payable the first day of the month following death. Otherwise, the surviving spouse receives a survivor annuity as if participant separated from service on date of death, survived to the earliest retirement age, commenced payments under the 50% joint and survivor annuity and died on the day after benefits commenced.	The surviving spouse receives a survivor annuity as if participant separated from service on date of death, survived to the earliest retirement age, commenced payments under the 50% joint and survivor annuity and died on the day after benefits commenced.	The surviving spouse receives a survivor annuity as if participant separated from service on date of death, survived to the earliest retirement age, commenced payments under the 50% joint and survivor annuity and died on the day after benefits commenced.	The surviving spouse receives a survivor annuity as if participant separated from service on date of death, survived to the earliest retirement age, commenced payments under the 50% joint and survivor annuity and died on the day after benefits commenced.	The surviving spouse receives a survivor annuity as if participant separated from service on date of death, survived to the earliest retirement age, commenced payments under the 50% joint and survivor annuity and died on the day after benefits commenced.

Schedule SB, Part V — Summary of Plan Provisions

	Omaha	UUPP	Dexter	Justin	Marmon	Tank	FlightSafety	Precision	
• Benefit after early retirement eligibility	The surviving spouse receives a survivor annuity as if participant had commenced payments under the 66 2/3% joint and survivor annuity the day before the participant died. The beneficiary of an unmarried participant receives the participant's accrued benefit payable immediately for five years only.	The surviving spouse receives a survivor annuity as if participant had commenced payments under the 50% joint and survivor annuity the day before the participant died.	The surviving spouse receives a survivor annuity as if participant had commenced payments under the 50% joint and survivor annuity the day before the participant died.	If a NonUnion participant dies while actively employed with five years of vesting service, the surviving spouse receives 50% of the participant's accrued benefit, payable the first day of the month following death. Otherwise, the surviving spouse receives a survivor annuity as if participant had commenced payments under the 50% joint and survivor annuity the day before the participant died.	If the participant dies after attaining age 55 and completed 10 years of credited service, the surviving spouse receives 50% of the participant's accrued benefit, payable the first day of the month following death.	The surviving spouse receives a survivor annuity as if participant had commenced payments under the 50% joint and survivor annuity the day before the participant died.	The surviving spouse receives a survivor annuity as if participant had commenced payments under the 50% joint and survivor annuity the day before the participant died.	The surviving spouse receives a survivor annuity as if participant had commenced payments under the 50% joint and survivor annuity the day before the participant died.	
Form of benefits									
• Automatic form for unmarried participants	Five-year certain and life	Single life	Single life	Five-year certain and life	Single life	Single life	Single life	Single life	
• Automatic form for married participants	Actuarially equivalent 66 2/3% joint and survivor	Actuarially equivalent 50% joint and survivor	Actuarially equivalent 50% joint and survivor	Actuarially equivalent 50% joint and survivor	Actuarially equivalent 50% joint and survivor	Actuarially equivalent 50% joint and survivor	Actuarially equivalent 50% joint and survivor	Actuarially equivalent 50% joint and survivor	
• Optional forms	Five-year certain and life 10-year certain and life 66 2/3% joint and survivor 75% joint and survivor Lump sum (if less than \$7,500)	Single life 5-year certain and life (Russell and Huff only) 10-year certain and life 15-year certain and life 50% joint and survivor 75% joint and survivor 100% joint and survivor (Russell and Huff only) Lump sum (if terminate after July 1, 2014)	Single life 50% joint and survivor 75% joint and survivor 100% joint and survivor Lump sum	Single life 50% joint and survivor 75% joint and survivor 100% joint and survivor 10-year certain and life 10-year certain only Lump sum	Single life 50% joint and survivor 75% joint and survivor 100% joint and survivor 10-year certain and life Social Security level income option Lump sum (if less than \$5,000)	Single life 50% joint and survivor 75% joint and survivor 100% joint and survivor 10-year certain and life 15-year certain and life Social Security level income option Lump sum (if less than \$3,500)	Single life 50% joint and survivor 75% joint and survivor 100% joint and survivor Lump sum (if less than \$5,000)	Single life 50% joint and survivor 75% joint and survivor	
• Optional form conversion factors	For lump sums, 417(e) mortality and segment rates are determined as of October preceding the first day of the Plan year during which the benefit commences. For all other	For lump sums, 417(e) mortality and segment rates are determined as of October preceding the first day of the Plan year during which the benefit commences. Early retirement subsidies are reflected in the lump sum value if the participant	For lump sums, 417(e) mortality and segment rates are determined as of October preceding the first day of the Plan year during which the benefit commences. Early retirement subsidies are not reflected in lump sum values. Lump sums payable on or after normal retirement date	For lump sums, 417(e) mortality and segment rates are determined as of the third calendar month preceding the first day of the Plan year during which the benefit commences. Early retirement subsidies are not reflected in lump	For lump sums, 417(e) mortality and segment rates are determined as of October preceding the first day of the Plan year during which the benefit commences. Early retirement subsidies are not reflected in lump sum values.	For lump sums, 417(e) mortality and segment rates are determined as of October preceding the first day of the Plan year during which the benefit commences. For all other purposes, 7% interest rate and 1951 Group Annuity Mortality Table projected to 1963	For lump sums, 417(e) mortality and segment rates are determined as of October preceding the first day of the Plan year during which the benefit commences. Early retirement subsidies are not reflected in lump sum values.	For lump sums, 417(e) mortality and segment rates are determined as of the third calendar month preceding the first day of the Plan year during which the benefit commences. Participant gets greater of that factor or factor from	

Schedule SB, Part V — Summary of Plan Provisions

Omaha	UUPP	Dexter	Justin	Marmon	Tank	FlightSafety	Precision
purposes, 5% interest and 1971 Male Group Annuity mortality table	retires after age 62 with 10 years of vesting service. Legacy: For 50% joint and survivor optional form, the conversion factor is 0.92 decreased (increased) by 0.004 for each year by which the participant is older (younger) than the beneficiary. See the plan document for conversion factors applied to other optional forms. For late retirement increases, 8.0% interest rate and Unisex 1984 Mortality Table set back two years for participants and beneficiaries. Russell: For all other purposes, 8.5% interest rate and Unisex 1984 Mortality Table set back two years for participants and beneficiaries. Huffy: For all other purposes, 8.5% interest rate and Unisex 1984 Mortality Table set back two years for participants and set back one year for beneficiaries.	cannot be less than the lump sum calculated using the appropriate factor from Appendix A. For all other purposes, 6% interest rate and Unisex 1984 Mortality Table set forward one year for participants and set back four years for beneficiaries.	sum values. For all other purposes, 6.5% interest rate and 1971 Group Annuity Mortality Table projected to 1975 with scale D, 50% male 50% female.	For all others: 7% interest and the 1994 Group Annuity unisex mortality table projected to 2002.	male only.	For all other purposes, 6% interest rate and 1971 Male Group Annuity Mortality Table.	Appendix A. For all others: 7.5% interest and the mortality table in Revenue Ruling 95-6 for payments other than lump sums.

Schedule SB, Part V — Summary of Plan Provisions

	Omaha	UUPP	Dexter	Justin	Marmon	Tank	FlightSafety	Precision
Miscellaneous								
• Maximum compensation	Plan is frozen.	Plan is frozen.	Plan is frozen.	NonUnion: Benefits are frozen. Union: As of January 1, 2017, there are no Union active participants accruing benefits in this plan.	Plan is frozen.	Plan is frozen.	Plan is frozen.	Plan is frozen.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.
Benefits Included or Excluded Unless noted below, all benefits provided by the plan, as restated and amended effective as of the dates shown below, are included in this valuation:				Benefits Included or Excluded Unless noted below, all benefits provided by the plan, as restated and amended effective as of the dates shown below, are included in this valuation:				
Most recent restatement or amendment effective date	December 31, 2016	December 31, 2016	December 31, 2016	December 31, 2016	December 31, 2016	December 31, 2016	December 31, 2016	December 31, 2016
Most recent plan amendments included	The resolution signed on November 15, 2016 is included because it was adopted by the valuation date and is effective by the end of the plan year.	The First and Second Amendments and Resolution signed November 10, 2016 are included because they were adopted by the valuation date and are effective by the end of the plan year.	The amendment in Exhibit A is included because it was adopted by the valuation date and is effective by the end of the plan year.	The Fifth Amendment, which added a lump sum optional form of payment and resolution signed November 9, 2016, are included because they were adopted by the valuation date and are effective by the end of the plan year.	The resolution signed on November 14, 2016 is included because it was adopted by the valuation date and is effective by the end of the plan year.	The Twelfth Amendment is included because it was adopted by the valuation date and is effective by the end of the plan year.	The Second and Third Amendments are included because they were adopted by the valuation date and is effective by the end of the plan year.	The resolution signed on November 28, 2016 is included because it was adopted by the valuation date and is effective by the end of the plan year.
Plan amendments excluded	None	None	The amendment effective August 1, 2017, which eliminates the reductions associated with pre-retirement surviving spouse coverage, is excluded because it was adopted after the valuation date.	None	None	The amendment effective August 1, 2017, which eliminates the reductions associated with pre-retirement and post-retirement surviving spouse coverage, is excluded because it was adopted after the valuation date.	None	None

Schedule SB, Part V — Summary of Plan Provisions

- **Late retirement increases:**
 - Active participants: The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - Deferred vested participants: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan Provisions Specific to Funding***Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** This valuation does not value UUPP's unpredictable contingent event benefits, because the likelihood of such an event is de minimis. All other former plans do not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

- Maximum compensation and maximum benefit amounts under IRS rules were updated from 2016 to 2017.
- UUPP was amended on February 17, 2016 to clarify the preretirement death benefits payable to Russell participants and allow certain retired participants to continue receiving their pension upon re-employment. These two amendments do not affect valuation results.
- Dexter was amended on December 9, 2016 to change the basis for calculating lump sums under Section 417(e)(3) to the applicable interest rates in effect for the month of October preceding the plan year.
- Justin was amended on August 10, 2016 to provide lump sum distributions as an optional form of payment beginning at early retirement age.
- Marmon was amended on November 14, 2016 to change the basis for calculating lump sums under Section 417(e)(3) to the applicable interest rates in effect for the month of October preceding the plan year.

Schedule SB, Part V — Summary of Plan Provisions

- The Omaha lump sum basis under Section 417(e)(3) was changed, via resolution on November 15, 2016, to the applicable interest rates in effect for the month of October preceding the plan year.
- Tank was amended on November 14, 2016 to change the basis for calculating lump sums under Section 417(e)(3) to the applicable interest rates in effect for the month of October preceding the plan year.
- FlightSafety was amended on June 23, 2016 to add a terminated vested cashout window. FlightSafety was also amended on December 19, 2016 to change the basis for calculating lump sums under Section 417(e)(3) to the applicable interest rates in effect for the month of October preceding the plan year, to have a short plan year of December 31, 2016 with the following plan year being the calendar year and to clarify the service accrual for the short plan year.
- Precision was amended on November 28, 2016 to have a short plan year of June 1, 2016 to December 31, 2016. The plan year will be the calendar year effective with the plan year beginning January 1, 2017. Precision was also amended on the same day to change the basis for calculating lump sums under Section 417(e)(3) to the applicable interest rates in effect for the month of October preceding the plan year and to clarify the service accrual for the short plan year.
- Effective December 31, 2016, all plans above were merged into a single plan, the Berkshire Hathaway Consolidated Pension Plan.

Berkshire Hathaway Consolidated Pension Plan

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

Year Ended December 31, 2017

Employer Identification Number 45-5344990
Plan Number 003

	<u>Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
<u>Money Market Funds</u>				
* Charles Schwab & Co.	Interest-Bearing Cash		\$ 11,447,871	\$ 11,447,871
* Wells Fargo Government Money Market Fund	Interest-Bearing Cash		19,866,351	19,866,351
Dreyfus Government Cash Management Instl	Interest-Bearing Cash		26,873,032	26,873,032
			<u>58,187,254</u>	<u>58,187,254</u>
<u>U.S. Government Securities</u>				
Federal Home Loan Mortgage Corporation	FHLMC Pool C43723 8%, due 10/1/2030	3,066	3,108	3,129
Federal Home Loan Mortgage Corporation	FHLMC Pool C43724 8%, due 10/1/2030	8,360	8,474	8,548
Federal Home Loan Mortgage Corporation	FHLMC Pool C41493 8%, due 8/1/2030	9,912	10,047	10,508
Federal Home Loan Mortgage Corporation	FHLMC Pool C44277 8%, due 11/1/2030	6,287	6,372	6,617
Federal Home Loan Mortgage Corporation	FHLMC Pool C66083 6.5%, due 4/1/2032	45,362	45,717	50,246
Federal Home Loan Mortgage Corporation	FHLMC Pool C63675 6.5%, due 2/1/2032	21,813	21,935	24,555
Federal Home Loan Mortgage Corporation	FHLMC Pool C64758 6.5%, due 3/1/2032	586	591	649
Federal Home Loan Mortgage Corporation	FHLMC Pool C01080 8%, due 10/1/2030	14,974	15,177	17,309
Federal Home Loan Mortgage Corporation	FHLMC Pool C43909 8%, due 10/1/2030	12,912	11,914	13,505
Federal Home Loan Mortgage Corporation	FHLMC Pool C43678 8%, due 10/1/2030	7,573	7,676	7,850
Federal Home Loan Mortgage Corporation	FHLMC Pool E96459 5%, due 5/1/2018	965	977	984
Federal Home Loan Mortgage Corporation	FHLMC Pool J10866 4.5%, due 9/1/2024	1,283,809	1,312,093	1,323,414
Federal Home Loan Mortgage Corporation	FHLMC Pool C60928 6.5%, due 12/1/2031	106,181	106,712	117,612
Federal Home Loan Mortgage Corporation	FHLMC Pool C63675 6.5%, due 2/1/2032	312,669	314,428	351,978
Federal Home Loan Mortgage Corporation	FHLMC Pool C65797 6.5%, due 4/1/2032	196,719	198,256	217,898
Federal Home Loan Mortgage Corporation	FHLMC Pool C01106 7.0%, due 12/1/2030	12,819	12,990	14,457
Federal Home Loan Mortgage Corporation	FHLMC Pool C01199 7.0%, due 7/1/2031	58,706	59,494	66,427
Federal Home Loan Mortgage Corporation	FHLMC Pool C01343 6.5%, due 4/1/2032	41,515	41,959	47,239
Federal Home Loan Mortgage Corporation	FHLMC Pool C01364 6.5%, due 6/1/2032	349,692	351,058	387,340

Berkshire Hathaway Consolidated Pension Plan

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

Year Ended December 31, 2017

	<u>Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
Federal Home Loan Mortgage Corporation	FHLMC Pool C34756 7.0%, due 12/1/2029	74,721	75,726	80,367
Federal Home Loan Mortgage Corporation	FHLMC Pool C37872 7.0%, due 4/1/2030	12,129	12,292	12,424
Federal Home Loan Mortgage Corporation	FHLMC Pool C45861 7.0%, due 12/1/2030	17,413	17,646	17,566
Federal Home Loan Mortgage Corporation	FHLMC Pool C47105 7.0%, due 1/1/2031	11,138	11,288	11,699
Federal Home Loan Mortgage Corporation	FHLMC Pool C48189 7.0%, due 3/1/2031	103,388	104,770	108,922
Federal Home Loan Mortgage Corporation	FHLMC Pool C48916 7.0%, due 3/1/2031	58,502	59,284	59,689
Federal Home Loan Mortgage Corporation	FHLMC Pool C48986 7.0%, due 3/1/2031	25,257	25,588	25,312
Federal Home Loan Mortgage Corporation	FHLMC Pool C48995 7.0%, due 3/1/2031	72,276	73,241	73,847
Federal Home Loan Mortgage Corporation	FHLMC Pool C49015 7.0%, due 3/1/2031	63,108	63,937	64,451
Federal Home Loan Mortgage Corporation	FHLMC Pool C49585 7.0%, due 4/1/2031	117,187	118,725	127,657
Federal Home Loan Mortgage Corporation	FHLMC Pool C50544 7.0%, due 4/1/2031	29,935	30,328	31,780
Federal Home Loan Mortgage Corporation	FHLMC Pool C50623 7.0%, due 4/1/2031	26,629	26,978	26,687
Federal Home Loan Mortgage Corporation	FHLMC Pool C50624 7.0%, due 4/1/2031	19,724	19,987	19,894
Federal Home Loan Mortgage Corporation	FHLMC Pool C50690 7.0%, due 4/1/2031	28,159	28,528	29,278
Federal Home Loan Mortgage Corporation	FHLMC Pool C55355 7.0%, due 7/1/2031	10,271	10,409	10,462
Federal Home Loan Mortgage Corporation	FHLMC Pool C60523 6.5%, due 11/1/2031	87,167	87,603	96,551
Federal Home Loan Mortgage Corporation	FHLMC Pool C60728 6.5%, due 11/1/2031	56,311	56,593	62,373
Federal Home Loan Mortgage Corporation	FHLMC Multiclass Mtg 3956 3.5%, due 11/15/2026	708,441	747,848	722,128
Federal Home Loan Mortgage Corporation	FHLMC Multiclass Mtg 3978 3.5%, due 1/15/2035	892,659	931,573	896,140
Federal Home Loan Mortgage Corporation	FHLMC Multiclass Mtg 4002 3.5%, due 3/15/2030	369,557	388,150	378,504
Federal National Mortgage Corporation	FNMA Pool #535933 Series 6.5%, due 5/1/2031	2,961	2,984	3,395
Federal National Mortgage Corporation	FNMA Pool #561740 Series 7.0%, due 1/1/2031	7,842	7,960	8,292
Federal National Mortgage Corporation	FNMA Pool #604148 Series 6.5%, due 10/1/2031	15,458	15,574	17,134
Federal National Mortgage Corporation	FNMA Pool #607036 Series 6.5%, due 10/1/2031	119	120	132
Federal National Mortgage Corporation	FNMA Pool #609524 Series 7.0%, due 10/1/2031	159	161	173
Federal National Mortgage Corporation	FNMA Pool #0429160 Series 7.5%, due 12/1/2027	9,890	9,874	10,044
Federal National Mortgage Corporation	FNMA Pool #0933902 Series 4.5%, due 5/1/2023	184,638	188,677	194,581

Berkshire Hathaway Consolidated Pension Plan

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

Year Ended December 31, 2017

	<u>Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
Government National Mortgage Association	GNMA Pool #551100 Series 6.5%, due 11/15/2031	73,782	74,889	81,855
Government National Mortgage Association	GNMA Pool #551797 Series 6.5%, due 5/15/2032	190,162	193,906	210,968
Government National Mortgage Association	GNMA Pool #551926 Series 6.5%, due 12/15/2031	12,782	13,034	14,180
Government National Mortgage Association	GNMA Pool #552656 Series 6.5%, due 7/15/2032	123,504	125,800	137,016
Government National Mortgage Association	GNMA Pool #564990 Series 6.5%, due 9/15/2031	38,892	39,476	43,148
Government National Mortgage Association	GNMA Pool #569800 Series 6.5%, due 5/15/2032	92,034	93,846	105,757
Government National Mortgage Association	GNMA Pool #571323 Series 6.5%, due 11/15/2031	41,638	42,263	46,194
Government National Mortgage Association	GNMA Pool #574841 Series 6.5%, due 11/15/2031	20,260	20,564	22,477
Government National Mortgage Association	GNMA Pool #575412 Series 6.5%, due 12/15/2031	227,934	231,353	252,872
Government National Mortgage Association	GNMA Pool #578240 Series 6.5%, due 7/15/2032	146,810	149,540	162,873
Government National Mortgage Association	GNMA Pool #582244 Series 6.5%, due 7/15/2032	198,850	202,765	220,606
Government National Mortgage Association	GNMA Pool #583995 Series 6.5%, due 7/15/2032	102,622	104,530	113,850
Government National Mortgage Association	GNMA Pool #583996 Series 6.5%, due 7/15/2032	51,499	52,456	57,133
Government National Mortgage Association	GNMA Pool #584376 Series 6.5%, due 5/15/2032	139,682	142,432	154,964
Government National Mortgage Association	GNMA Pool #584455 Series 6.5%, due 6/15/2032	18,209	18,567	20,201
Government National Mortgage Association	GNMA Pool #587021 Series 6.5%, due 4/15/2032	84,962	86,635	94,793
Government National Mortgage Association	GNMA Pool #591567 Series 6.5%, due 7/15/2032	22,324	22,739	24,767
Government National Mortgage Association	GNMA Pool #593187 Series 6.5%, due 7/15/2032	84,881	86,459	94,168
Government National Mortgage Association	GNMA Pool #781340 Series 6.5%, due 10/15/2031	118,439	120,215	136,489
Government National Mortgage Association	GNMA II Pool #3040 Series 7.0%, due 2/20/2031	42,151	42,628	49,595
Government National Mortgage Association	GNMA II Pool #3069 Series 7.0%, due 4/20/2031	45,311	45,824	53,441
Government National Mortgage Association	GNMA II Pool #3081 Series 7.0%, due 5/20/2031	9,556	9,664	11,264
Government National Mortgage Association	GNMA II Pool #0544 Series 7.0%, due 12/20/2022	106	107	111
Government National Mortgage Association	GNMA II Pool #2394 Series 7.0%, due 3/20/2027	253	256	286
Government National Mortgage Association	GNMA II Pool #2716 Series 7.0%, due 2/20/2029	2,320	2,347	2,682
Government National Mortgage Association	GNMA II Pool #2796 Series 7.0%, due 8/20/2029	31,317	31,689	36,239
Government National Mortgage Association	GNMA II Pool #2866 Series 7.0%, due 1/20/2030	90,873	91,952	105,977

Berkshire Hathaway Consolidated Pension Plan

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

Year Ended December 31, 2017

	Description of Investment	Shares	Cost	Current Value
Government National Mortgage Association	GNMA II Pool #2895 Series 7.0%, due 3/20/2030	236,550	239,359	266,521
Government National Mortgage Association	GNMA II Pool #2933 Series 7.0%, due 6/20/2030	2,375	2,403	2,546
Government National Mortgage Association	GNMA II Pool #2971 Series 7.0%, due 9/20/2030	34,868	35,282	40,955
Government National Mortgage Association	GNMA II Pool #2986 Series 7.0%, due 10/20/2030	288,236	291,659	332,740
Government National Mortgage Association	GNMA II Pool #2998 Series 7.0%, due 11/20/2030	85,253	86,286	97,271
Government National Mortgage Association	GNMA II Pool #3040 Series 7.0%, due 2/20/2031	143,371	145,073	168,690
Government National Mortgage Association	GNMA II Pool #3054 Series 7.0%, due 3/20/2031	664,400	670,680	764,752
U.S. Treasury	USA Treasury Bills	184,675,000	183,557,134	183,878,432
U.S. Treasury	USA Treasury Bills	1,500,000	1,499,126	1,497,885
			<u>194,217,760</u>	<u>195,063,445</u>
<u>Corporate Debt Instruments</u>				
Canadian National Railway Co	Corporate Bond, 6.900% due 07/15/2028	275,000	275,798	364,174
Burlington Northern Santa Fe	Corporate Bond, 7.950% due 08/15/2030	125,000	124,896	178,337
Anheuser-Busch Cos LLC	Corporate Bond, 7.550% due 10/01/2030	520,000	577,615	708,432
AOL Time Warner Inc	Corporate Bond, 7.625% due 04/15/2031	240,000	236,417	332,172
Conagra Brands Inc	Corporate Bond, 8.250% due 09/15/2030	295,000	335,315	407,690
TXU Eastern Funding Company	Corporate Bond, 0.000% due 12/31/2040	580,000	444,207	104,400
Ford Motor Co	Corporate Bond, 7.450% due 07/16/2031	350,000	337,067	457,525
General Motors	Corporate Bond, 8.000% due 11/01/2031	216,000	213,628	280,260
Safeway Inc	Corporate Bond, 7.250% due 02/01/2031	245,000	245,690	204,575
United Technologies Corp	Corporate Bond, 7.500% due 09/15/2029	235,000	234,556	324,099
Zurich Reinsurance Centre Holdings	Corporate Bond, 7.125% due 10/15/2023	24,493,000	21,825,948	28,618,601
JP Morgan Chase & Company	Corporate Bond, 4.106% due 7/15/2046	51,785	55,398	51,967
Sofi Professional Ln Program	Corporate Bond, 2.340% due 4/25/2033	55,000	54,993	54,105
Residential Asset Mtg	Corporate Bond, 4.018% due 3/25/2033	5,250	4,771	5,261
JP Morgan Accept Ser	Corporate Bond, 3.319% due 5/25/2034	68,516	68,602	68,884
Citigroup Mtg	Corporate Bond, 4.000% due 1/25/2035	22,373	23,212	23,290
New Resi Mtg	Corporate Bond, 3.750% due 5/28/2052	31,849	32,705	32,640
Apple Inc.	Corporate Bond, 1.000% due 05/03/2018	1,500,000	1,471,290	1,496,295
CVS Healthcorp	Corporate Bond, 2.250% due 12/05/2018	1,500,000	1,514,955	1,501,995

Berkshire Hathaway Consolidated Pension Plan

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

Year Ended December 31, 2017

	Description of Investment	Shares	Cost	Current Value
GS Mortgage Securities	Corporate Bond, 3.679% due 8/10/2043	264,323	272,289	268,188
Kraft Heinz Foods Co	Corporate Bond, 6.125% due 8/23/2018	1,000,000	1,148,220	1,025,860
Northrop Grumman Corp	Corporate Bond, 1.750% due 6/01/2018	1,000,000	993,550	999,320
Parker-Hannifin Corp	Corporate Bond, 5.500% due 5/15/2018	500,000	562,325	506,610
Vornado DP LLC	Corporate Bond, 2.970% due 9/13/2028	473,647	473,664	478,994
Finial Holdings Inc	Corporate Bond, 7.125% due 10/15/2023	5,000,000	3,864,937	5,842,200
			35,392,048	44,335,874
Corporate Stocks - Preferred				
Gator Com Corp	Preferred Stock	161,290	250,000	250,000
Claria Corp	Preferred Stock	16,129	25,000	25,000
			275,000	275,000
Corporate Stocks - Common				
ADR Teva Pharmaceutical	Common Stock	3,700,000	69,582,300	70,115,000
American Airlines Inc	Common Stock	6,567,000	233,083,131	341,681,010
Apple Inc.	Common Stock	684,000	116,228,342	115,753,320
Axalta Coating Systems	Common Stock	700,000	19,323,854	22,652,000
Bank New York Mellon Corp	Common Stock	3,948,092	92,752,330	212,644,235
Charter Communications Inc	Common Stock	774,631	142,341,417	260,245,031
Davita Healthcare Partners Inc	Common Stock	7,062,088	363,678,747	510,235,859
Frontier Communications Corp	Common Stock	14	4,695	95
General Motors	Common Stock	550,000	17,501,789	22,544,500
Liberty Global PLC	Common Stock	2,375,000	76,174,373	85,120,000
Liberty Global PLC Lilac	Common Stock	204,652	7,237,420	4,123,738
Liberty Lilac Group-A	Common Stock	133,455	5,073,721	2,689,118
Liberty Media Corp Del Series A	Common Stock	1,035,000	22,336,108	41,048,100
Liberty Media Corp Del Series C	Common Stock	2,424,206	56,829,672	96,144,010
Monsanto Co	Common Stock	745,000	77,065,383	87,001,100
Phillips 66	Common Stock	3,602,300	117,934,750	364,372,645
Raytheon Company	Common Stock	226	11,221	42,454
Sirius XM Holdings Inc	Common Stock	30,775,000	129,628,930	164,954,000
Synchrony Financial	Common Stock	5,385,000	156,458,651	207,914,850
Verisign Inc	Common Stock	199,669	9,450,163	22,850,120
Verizon Communications Inc	Common Stock	928	43,917	49,119
Capstone Therapeutics Corp	Common Stock	609	-	27
			1,712,740,914	2,632,180,331
Common Collective Trusts				
* Northern Trust Company	COLTV Short Term Inv Fund	30,064,295	30,064,295	30,064,295
* BNY Mellon	COLTV Short Term Inv Fund	15,259,965	15,259,965	15,259,965
			45,324,260	45,324,260
Pooled Separate Accounts				
* Massachusetts Mutual Life Insurance Company	Prm US Govt Money Market Fund	1,607,039	1,607,039	1,607,039
Group Annuity Insurance Contract				
* Principal Life Insurance Company	Group Annuity Insurance Contract		4,907,197	4,907,197
Other Investments				
Province of Quebec Canada	Other Investment	405,000	389,577	576,131
Total Investment Assets			\$2,053,041,049	\$2,982,456,531

*Indicates party-in-interest

Schedule R, line 18 – Funded Percentage of Plans Contributing to the Liabilities of Plan Participants

Plan Name	Employer Identification Number/ Plan Number	Funding Target Attainment Percentage as of January 1, 2017
Berkshire Hathaway Consolidated Pension Plan	45-5344990/003	138.83%
Johns Manville Employees Retirement Plan	84-0856796/003	129.66%
Johns Manville Hourly Retirement Plan	84-0856796/002	131.29%
United States Aviation Underwriters, Inc. Retirement Income Plan	13-5458900/001	104.77%
Employee Retirement Plan of General Re Corporation and its Affiliates	06-1026471/001	106.19%
UTC Railcar Repair Services Defined Benefit Plan	06-1093099/001	142.93%
Central States Indemnity Co. of Omaha Employees' Pension Plan	47-0591908/001	133.18%

Schedule SB, line 25 — Explanation of Method Change

- For Dexter and FlightSafety, the asset valuation method was changed from the fair market value to an average of the adjusted market value for each year during the last two years preceding the valuation date. This change does not qualify for automatic IRS approval. A Funding Method Change application was filed with the IRS December 31, 2017.
- This is the first year that this plan has existed and the first year that Mercer has performed the actuarial valuation for this plan. Last year's valuations were completed by the former plans' actuaries. This change qualifies for automatic IRS approval.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expected investment return changed to 6.75%.
- The expense component of normal cost was set to \$3,210,000 to reflect our expectations for the current plan year.