

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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 ☐ the final return/report ☐ an amended 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 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</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>BERKSHIRE HATHAWAY CREDIT CORPORATION</u> <u>3555 FARNAM STREET, SUITE 1440</u> <u>OMAHA, NE 68131</u>		
1c Effective date of plan <u>01/01/1987</u>		
2b Employer Identification Number (EIN) <u>47-0679606</u>		
2c Plan Sponsor's telephone number <u>402-346-1400</u>		
2d Business code (see instructions) <u>551112</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.	10/14/2023	JENNIFER M TSELENTIS
	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 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
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 TITANIUM METALS CORPORATION c Plan Name TIMET DEFINED BENEFIT RETIREMENT PLAN		4b EIN 13-5630895 4d PN 021																				
5 Total number of participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="text-align: right;">979</td> </tr> </table>	5	979																		
5	979																					
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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="text-align: right;">38</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">10563</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">13001</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">10110</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">33674</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">2213</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">35887</td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">0</td> </tr> </table>			6a(1)	38	6a(2)	10563	6b	13001	6c	10110	6d	33674	6e	2213	6f	35887	6g		6h	0
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a(1) Total number of active participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="text-align: right;">38</td> </tr> </table>	6a(1)	38																		
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a(2) Total number of active participants at the end of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6a(2)</td> <td style="text-align: right;">10563</td> </tr> </table>	6a(2)	10563																		
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b Retired or separated participants receiving benefits		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6b</td> <td style="text-align: right;">13001</td> </tr> </table>	6b	13001																		
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c Other retired or separated participants entitled to future benefits.....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6c</td> <td style="text-align: right;">10110</td> </tr> </table>	6c	10110																		
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d Subtotal. Add lines 6a(2) , 6b , and 6c		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6d</td> <td style="text-align: right;">33674</td> </tr> </table>	6d	33674																		
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e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6e</td> <td style="text-align: right;">2213</td> </tr> </table>	6e	2213																		
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f Total. Add lines 6d and 6e		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6f</td> <td style="text-align: right;">35887</td> </tr> </table>	6f	35887																		
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g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6g</td> <td></td> </tr> </table>	6g																			
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h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6h</td> <td style="text-align: right;">0</td> </tr> </table>	6h	0																		
6h	0																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td></td> </tr> </table>	7																			
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																					
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) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan	B Three-digit plan number (PN)	002
BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BERKSHIRE HATHAWAY CREDIT CORPORATION		
47-0679606		

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

(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	119	01/01/2022	12/31/2022

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
0	0

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** 2977886**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****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..... **6d**
Specify nature of costs ▶**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****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)** 2977886

▶ TRANSFER IN

(6) Total additions..... **7c(6)** 2977886**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2977886**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** 2977886

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. Specify nature of costs.	10b	

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 <u>BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BERKSHIRE HATHAWAY CREDIT CORPORATION</u>	D Employer Identification Number (EIN) <u>47-0679606</u>
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>2022</u>	
2 Assets:	
a Market value.....	2a <u>152046774</u>
b Actuarial value	2b <u>138317222</u>
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	<u>874</u> <u>55882182</u> <u>55882182</u>
b For terminated vested participants.....	<u>67</u> <u>2438747</u> <u>2438747</u>
c For active participants.....	<u>38</u> <u>5892180</u> <u>5901689</u>
d Total	<u>979</u> <u>64213109</u> <u>64222618</u>
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 <u>5.28 %</u>
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>146430</u>
b Expected plan-related expenses	6b <u>188620</u>
c Total (line 6a + line 6b)	6c <u>335050</u>

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		<u>10/11/2023</u>
Signature of actuary		Date
<u>BRUCE R. MITTON</u>		<u>23-05511</u>
Type or print name of actuary		Most recent enrollment number
<u>MILLIMAN, INC.</u>		<u>503-227-0634</u>
Firm name		Telephone number (including area code)
<u>1455 SW BROADWAY, SUITE 1600</u> <u>PORTLAND, OR 97201</u>		
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 ☐

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

Schedule SB (Form 5500) 2022
v. 220413

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).....	0	25170683
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	25170683
10 Interest on line 9 using prior year's actual return of <u>5.30</u> %	0	1334046
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 <u>4.78</u> %.....		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
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.....		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	26504729

Part III Funding Percentages		
14 Funding target attainment percentage	14	174.10 %
15 Adjusted funding target attainment percentage	15	215.37 %
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	157.71 %
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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.18 %3rd segment:
5.92 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

63

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** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? 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 6c).....**31a**

335050

b Excess assets, if applicable, but not greater than line 31a**31b**

335050

32 Amortization installments:**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

35 Balances elected for use to offset funding requirement.....

0

0

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 the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BERKSHIRE HATHAWAY CREDIT CORPORATION	D Employer Identification Number (EIN) 47-0679606

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
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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 17	NONE	46531	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STOEL RIVES LLP

93-0408771

(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	NONE	33675	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON ASSET SERVICING

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?
18 21 25 59 62	NONE	15755	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

BAKER TILLY US, LLP

39-0859910

(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	NONE	13650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BERKSHIRE HATHAWAY CREDIT CORPORATION		
D Employer Identification Number (EIN) 47-0679606		

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PCC MSTR TRST-DEF. BEN PLANS		
b Name of sponsor of entity listed in (a): PRECISION CASTPARTS CORP.		
c EIN-PN 13-7073447-001	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108233248
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 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 318845091
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)**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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BERKSHIRE HATHAWAY CREDIT CORPORATION</u>		D Employer Identification Number (EIN) <u>47-0679606</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	0	1650480
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)	0	2281656
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	447332
(B) All other	1c(3)(B)	0	69511466
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	0	3423182255
(5) Partnership/joint venture interests	1c(5)		
(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)	0	318845091
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	152046774	108233248
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	2977886
(15) Other	1c(15)	0	476862

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	152046774	3927606276

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	18243	2503181
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	18243	2503181

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	152028531	3925103095
---	-----------	-----------	------------

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)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(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)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-37497635
(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		-37497635
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6120129	
(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)		6120129
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)	114844	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	86152	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		200996
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6321125
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-43818760
l Transfers of assets:			
(1) To this plan	2l(1)		3816893324
(2) From this plan	2l(2)		

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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **39-0859910**

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
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?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 486555.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN		B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 BERKSHIRE HATHAWAY CREDIT CORPORATION		D Employer Identification Number (EIN) 47-0679606
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): 13-7073447		
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 0
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**Berkshire Hathaway Consolidated
Pension Plan (Formerly TIMET Defined
Benefit Retirement Plan)**

Financial Statements

December 31, 2022 and 2021

**Berkshire Hathaway Consolidated Pension Plan
(Formerly TIMET Defined Benefit Retirement Plan)**

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December 31, 2022 and 2021

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Independent Auditors' Report

To the Participants and Plan Administrator of
Berkshire Hathaway Consolidated Pension Plan
(formerly TIMET Defined Benefit Retirement Plan)

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Berkshire Hathaway Consolidated Pension Plan (formerly TIMET Defined Benefit Retirement Plan) (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter - Plan Merger

As disclosed in Note 1 to the financial statements, the Berkshire Hathaway Consolidated Pension Plan merged into the Plan, effective December 31, 2022 and all assets and liabilities were legally transferred as of that date. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Wilkes-Barre, Pennsylvania
October 13, 2023

**Berkshire Hathaway Consolidated Pension Plan
(Formerly TIMET Defined Benefit Retirement Plan)**

Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments at fair value:		
Plan interest in Precision Castparts Corp. Master Trust	\$ 108,233,248	\$ 152,046,774
Corporate bonds	69,958,798	-
Government securities	2,281,656	-
Common stock	3,423,182,255	-
Common collective trust	318,845,091	-
Group annuity insurance contract	2,977,886	-
Other investments	476,862	-
	<u>3,925,955,796</u>	<u>152,046,774</u>
Total investments	3,925,955,796	152,046,774
Interest and dividends receivable	<u>1,650,480</u>	<u>-</u>
	<u>3,927,606,276</u>	<u>152,046,774</u>
Total assets	3,927,606,276	152,046,774
Liabilities		
Accrued administrative expenses	2,126,313	18,243
Note payable	<u>376,868</u>	<u>-</u>
	<u>2,503,181</u>	<u>18,243</u>
Total liabilities	2,503,181	18,243
Net assets available for benefits	<u>\$ 3,925,103,095</u>	<u>\$ 152,028,531</u>

See notes to financial statements

**Berkshire Hathaway Consolidated Pension Plan
(Formerly TIMET Defined Benefit Retirement Plan)**

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions		
Plan interest in net investment loss of Precision Castparts Corp. Master Trust	\$ (37,497,635)	\$ 7,809,717
Deductions		
Benefits paid to participants	6,120,129	6,088,384
Administrative expenses	200,996	190,131
Total deductions	6,321,125	6,278,515
Transfer From the Berkshire Hathaway Consolidated Pension Plan	3,816,893,324	-
Net increase	3,773,074,564	1,531,202
Net Assets Available for Benefits		
Beginning of year	152,028,531	150,497,329
End of year	<u>\$ 3,925,103,095</u>	<u>\$ 152,028,531</u>

See notes to financial statements

Berkshire Hathaway Consolidated Pension Plan (Formerly TIMET Defined Benefit Retirement Plan)

Notes to Financial Statements
December 31, 2022 and 2021

1. Description of the Plan

The following description of the Berkshire Hathaway Consolidated Pension Plan (formerly TIMET Defined Benefit Retirement Plan) (the Plan) is provided for general information purposes only. The Plan is a noncontributory defined benefit pension plan. Effective December 31, 2022, the Berkshire Hathaway Consolidated Pension Plan, a defined benefit pension plan sponsored by Berkshire Hathaway Credit Corporation (BHCC), a wholly-owned subsidiary of Berkshire Hathaway Inc., (Berkshire Plan) was merged into the TIMET Defined Benefit Retirement Plan (TIMET Plan). Accordingly, Berkshire Plan assets and liabilities of \$3,819,373,028 and \$2,479,704, respectively were legally transferred to the TIMET Plan on that date. Upon completion of this merger, the Plan was renamed as the Berkshire Hathaway Consolidated Pension Plan and BHCC became the plan sponsor. The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA).

Until December 31, 2022, the Plan was sponsored by Titanium Metals Corporation (the Company), a wholly-owned subsidiary of Precision Castparts Corp. (PCC). PCC is a wholly-owned subsidiary of Berkshire Hathaway Inc. The Company has appointed an administrative committee to oversee the administration of the TIMET Plan, with local human resources personnel providing day-to-day support functions. During the year ended December 31, 2022, certain assets were invested in the Precision Castparts Corp. Master Trust (Master Trust) with The Bank of New York Mellon (BNYM). Participants should refer to the plan document for a more complete description of the Plan's provisions.

Funding Policy

The Plan's funding policy is for the plan sponsor to contribute an amount which will meet or exceed the annual ERISA minimum funding requirements. No participant contributions are permitted. The minimum funding requirements of ERISA were met for 2022 and 2021.

Although it has not expressed any intention to do so, the plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Eligibility and Vesting of the TIMET Plan

Salaried employees hired from January 1, 1987 through December 31, 1988, who attained the age of 21 and completed one year of continuous service, were eligible to participate in the TIMET Plan. Effective January 1, 1989, the TIMET Plan was closed to new participants, and participants ceased accruing additional service credit under the TIMET Plan. Effective April 2, 1994, participants also ceased accruing credit for additional salary increases. Benefits accruing to salaried employees prior to January 1, 1987, were provided through the TMC Retirement Plan (the Prior Plan) and were fully vested as of December 31, 1986. Such accrued benefits are funded by annuities purchased from Metropolitan Life Insurance Company and American International Life Assurance Company of New York as discussed further below.

The TIMET Plan also provides benefits to substantially all individuals who were hourly employees of the Company at the Toronto, Ohio and Henderson, Nevada plants prior to July 1, 1995 and April 1, 1994, respectively. The TIMET Plan was closed to new participants effective July 1, 1995 for the Toronto, Ohio plant and effective April 1, 1994 for the Henderson, Nevada plant. Hourly employees at the applicable plants who attained the age of 21 and completed one year of continuous service prior to the closure dates were eligible to participate in the Plan.

The plan sponsor has the right to alter, amend or terminate the Plan at any time.

Berkshire Hathaway Consolidated Pension Plan (Formerly TIMET Defined Benefit Retirement Plan)

Notes to Financial Statements
December 31, 2022 and 2021

Pension Benefits of the TIMET Plan

Monthly benefit payments are determined for each participant according to the retirement option selected. Pension benefits for salaried participants are based on compensation through April 2, 1994 and years of service in the TIMET Plan through December 31, 1988. Pension benefits for hourly participants are based on years of continuous service, as defined by the Plan agreement, multiplied by specified dollar amounts. Specific terms of the TIMET Plan provide other retirement options with a combination of age and years of credited service factors. Vesting occurs upon the completion of five years of service or age 65. Monthly benefit payments by the TIMET Plan are reduced by amounts funded by annuity contracts purchased from insurance companies to provide for benefits accrued prior to December 31, 1986, under the Prior Plan.

Annuities were purchased to fund certain benefits accrued under the Prior Plan. The insurance companies remit funds to the TIMET Plan's trust account on a monthly basis and payments to participants for benefits accrued under the Prior Plan are made from the respective trust accounts. Benefits paid to participants are shown net of \$1,053,491 and \$1,145,785 of funds received from the insurance companies for the years ended December 31, 2022 and 2021, respectively, as these funds are immediately remitted to the retirees and are not obligations of the Plan.

Death and Disability Benefits of the TIMET Plan

If a vested participant dies before normal or early retirement age, a death benefit equal to the actuarial equivalent of 50% of the value of the participant's accumulated retirement benefits is paid to the participant's beneficiary in the form of a straight life annuity. Active participants who become totally disabled will continue to accrue service years while disabled until normal retirement age. Benefits shall be determined on the basis of years of service and the applicable monthly regular pension factor. At the participant's election, in lieu of a disability retirement pension, the participant may elect to commence receipt of a 62/10 retirement pension, 55/10 retirement pension or a 55/30 retirement pension.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Berkshire Hathaway Consolidated Pension Plan (Formerly TIMET Defined Benefit Retirement Plan)

Notes to Financial Statements
December 31, 2022 and 2021

Investment Valuation and Income Recognition

The investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation in the value of the Plan interest in the Master Trust is allocated to the Plan based upon the Plan's daily weighted average percentage of net assets for a given month.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the plan sponsor, as provided by the plan document. Expenses that are paid directly by the plan sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in the Plan's interest in the net investment income of the Master Trust presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that 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 under the Plan are based on years of credited service and employee compensation. The accumulated plan benefits for active employees will equal the accumulation of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances such as retirement, death, disability and termination of employment are included, to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary as of January 1, 2022 and is that 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 the expected date of payment.

Effective December 31, 2022, the Berkshire Plan merged into the Plan and the Plan assumed the actuarial present value of the accumulated plan benefits of the Berkshire Plan.

Berkshire Hathaway Consolidated Pension Plan (Formerly TIMET Defined Benefit Retirement Plan)

Notes to Financial Statements
December 31, 2022 and 2021

The actuarial present value of accumulated plan benefits as of January 1, 2022 is as follows:

Vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 48,482,038
Other participants	<u>7,063,394</u>
Total vested benefits	55,545,432
Nonvested benefits	<u>8,137</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 55,553,569</u>

The changes in the actuarial present value of the accumulated plan benefits for the year ended December 31, 2021 are summarized as follows:

Actuarial present value of accumulated plan benefits, at beginning of year	\$ 57,651,811
Increase (decrease) during the year attributable to:	
Benefits accumulated	152,629
Increase for interest due to decrease in discount period	3,689,369
Benefits paid	(6,088,384)
Change in actuarial assumptions	155,440
Actuarial gain	<u>(7,296)</u>
Actuarial present value of accumulated plan benefits, at end of year	<u>\$ 55,553,569</u>

Significant assumptions underlying the actuarial computations are as follows:

- Mortality - Pri-2012 Private Retirement Plans Healthy Blue Collar Mortality Tables projected with Scale MP 2021 on a generational basis.
- Discount Rate - 6.75%
- Eligible employees were assumed to retire according to the following table:

Retirement Age	Retirement Rate Percentage
55 - 59	3.0 %
60 - 61	10.0
62	25.0
63 - 64	10.0
65 - 69	30.0
70	100.0

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.

Berkshire Hathaway Consolidated Pension Plan (Formerly TIMET Defined Benefit Retirement Plan)

Notes to Financial Statements
December 31, 2022 and 2021

The mortality assumption was updated to incorporate a more recent mortality table and projection scale to reflect both current and expected mortality improvements. These changes resulted in an increase of approximately \$155,000 in the actuarial present value of accumulated benefits in 2022.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 13, 2023, the date the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 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 maximize the use of relevant observables and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets held in the Master Trust measured at fair value. The Plan is able to purchase or sell units of the Master Trust on a daily basis. The Master Trust asset allocation strategy is designed with the objective of achieving the asset return assumption consistently over the long-term in order to fund future payment obligations, while minimizing contributions and plan sponsor economic risk. The asset categories are described below, along with the valuation methodologies and investment level classifications. There have been no changes in the methodologies used at December 31, 2022 and 2021. See Note 4 for the undivided interest in the Master Trust.

Berkshire Hathaway Consolidated Pension Plan (Formerly TIMET Defined Benefit Retirement Plan)

Notes to Financial Statements
December 31, 2022 and 2021

Public Equity - Public equity investments consist of publicly traded equity securities, as well as hedged equity investment strategies which may add short positions in equities or equity futures in order to generate absolute returns regardless of equity market direction. Equity investments held directly are valued based upon closing prices reported in active trading markets and classified as Level 1. Other fund investments are valued using the most recent net asset value (NAV) of the fund.

Private Equity - Private equity investments consist of investments in nonpublic companies made directly or through limited partnerships or commingled vehicles with managers who purchase interests in nonpublic companies. Sub-categories of private equity may include venture capital, early stage, special situations or restructuring funds. Private equity typically has low liquidity, a 10 year or longer investment commitment and valuation methodologies that require the use of significant unobservable inputs. Direct private equity investments are classified as Level 3, while investments made through funds are typically valued at the most recent NAV of the fund. As of December 31, 2022 and 2021, unfunded capital commitments to private equity investments were approximately \$1 million.

Alternative Strategies - Alternative strategies are investments with managers who seek specified levels of absolute returns with minimal correlation to market movements. Alternatives managers typically invest in futures, forwards or options on a variety of asset classes. Investments are typically made in investment funds with values stated at fund NAVs.

Fixed Income - Fixed income investments consist of private fixed income securities of non-U.S. corporate issuers classified as Level 3, as well as publicly traded investment funds classified as Level 1.

Cash/Other - Cash and other investments include highly liquid money market securities, demand deposits and other cash equivalents. Cash and other investments are classified as Level 1 or stated at NAV for private money market funds.

The following is a description of the valuation methodologies used for assets measured at fair value that were merged into the Plan from the Berkshire Plan at December 31, 2022.

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.

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

Common Collective Trust - Valued based upon the redemption price of units held by the Plan, which is based on the current fair value of the collective fund's underlying assets. Unit values are determined by the financial institution sponsoring the 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.

Berkshire Hathaway Consolidated Pension Plan (Formerly TIMET Defined Benefit Retirement Plan)

Notes to Financial Statements
December 31, 2022 and 2021

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Corporate bonds	\$ -	\$ 69,958,798	\$ -	\$ 69,958,798
Government securities	-	2,281,656	-	2,281,656
Common stocks	3,423,182,255	-	-	3,423,182,255
Common collective trust	-	318,845,091	-	318,845,091
Group annuity insurance contract	-	-	2,977,886	2,977,886
Other investments	-	476,862	-	476,862
Total investments at fair value	<u>\$ 3,423,182,255</u>	<u>\$ 391,562,407</u>	<u>\$ 2,977,886</u>	<u>\$ 3,817,722,548</u>

4. Undivided Interest in the Precision Castparts Corp. Master Trust

Certain of the Plan's investments are in the Master Trust. The Master Trust Investment Committee determines the appropriateness of the Plan's investments in the Master Trust and monitors investment performance. The Plan's interest is calculated based on the fair value at the end of the previous period, plus any contributions and income received, less benefit payments and expenses paid for each plan during the period.

At December 31, 2022 and 2021, the Plan's interest in the net assets of the Master Trust was 9.43% and 5.89%, respectively. The Plan's percentage of the Master Trust increased in 2022 due to the transfer of other plans out of the Master Trust. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon the amount of time the Plan's assets were invested in the Master Trust.

The following table presents the net assets of the Master Trust as of December 31, 2022 and 2021:

	2022		2021	
	Master Trust	Plan's Proportionate Share	Master Trust	Plan's Proportionate Share
Equity:				
Long/hedged	\$ 947,545,172	\$ 89,353,461	\$ 1,877,149,495	\$ 110,619,143
Private	74,488,175	7,024,231	119,576,191	7,046,544
Alternative strategies	1,452,309	136,953	2,676,814	157,743
Fixed income	-	-	28,043,266	1,652,571
Cash/other	122,381,157	11,540,537	550,152,631	32,420,120
Total investments at fair value	1,145,866,813	108,055,182	2,577,598,397	151,896,121
Accrued interest and dividends	1,888,296	178,066	2,556,522	150,653
Total net assets of Master Trust	<u>\$ 1,147,755,109</u>		<u>\$ 2,580,154,919</u>	
Plan interest in Master Trust		<u>\$ 108,233,248</u>		<u>\$ 152,046,774</u>

**Berkshire Hathaway Consolidated Pension Plan
(Formerly TIMET Defined Benefit Retirement Plan)**

Notes to Financial Statements
December 31, 2022 and 2021

Investment income for the Master Trust is as follows:

	2022	2021
Net (depreciation) appreciation in fair value of investments	\$ (608,651,044)	\$ 100,469,916
Interest and dividends	16,073,867	31,238,157
Total investment (loss) income	<u>\$ (592,577,177)</u>	<u>\$ 131,708,073</u>
Plan's interest in Master Trust investment (loss) income	<u>\$ (37,497,635)</u>	<u>\$ 7,809,717</u>

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2022 and 2021:

Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Equity:				
Long	\$ 947,051,772	\$ -	\$ -	\$ 947,051,772
Private	-	-	6,754,302	6,754,302
Cash/other	108,463,808	-	-	108,463,808
Total assets in the fair value hierarchy	<u>\$ 1,055,515,580</u>	<u>\$ -</u>	<u>\$ 6,754,302</u>	1,062,269,882
Investments measured at NAV (a)				<u>83,596,931</u>
Total investments at fair value				<u>\$ 1,145,866,813</u>

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Equity:				
Long	\$ 1,876,065,460	\$ -	\$ -	\$ 1,876,065,460
Private	-	-	7,853,990	7,853,990
Fixed income	-	-	28,043,266	28,043,266
Cash/other	399,862,996	-	-	399,862,996
Total assets in the fair value hierarchy	<u>\$ 2,275,928,456</u>	<u>\$ -</u>	<u>\$ 35,897,256</u>	2,311,825,712
Investments measured at NAV (a)				<u>265,772,685</u>
Total investments at fair value				<u>\$ 2,577,598,397</u>

(a) Certain investments measured at NAV have not been classified in the fair value hierarchy but are presented in this table to permit reconciliation of the amounts in the fair value hierarchy to the total investments held by the Master Trust.

Berkshire Hathaway Consolidated Pension Plan (Formerly TIMET Defined Benefit Retirement Plan)

Notes to Financial Statements
December 31, 2022 and 2021

Gains and losses (realized and unrealized) included in the change in net assets for the periods above are reported in plan interest in net investment income of Master Trust in the Statements of Changes in Net Assets Available for Benefits.

Transfers Between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. In 2022 and 2021, the Plan had \$0 of transfers from Level 3 to Level 1.

5. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- c) All other vested benefits (that is, vested benefits not insured by PBGC).
- d) All nonvested benefits.

Certain benefits under the Plan are insured by the 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.

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 Company and the level of benefits guaranteed by the PBGC.

6. Related-Party and Party in Interest Transactions

Investments in the Master Trust are administered under a contract with BNYM, the trustee of the Plan. Contributions are held and managed by BNYM, who invests cash received, interest and dividend income and make distributions to participants. On December 31, 2022, Northern Trust Company (Northern Trust) became a custodian of the Plan. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

Berkshire Hathaway Consolidated Pension Plan (Formerly TIMET Defined Benefit Retirement Plan)

Notes to Financial Statements
December 31, 2022 and 2021

In December 2022, the Berkshire Plan entered into a note payable agreement with BHCC which had an outstanding balance of \$376,868 at December 31, 2022. The note payable was transferred to the Plan effective December 31, 2022 and repaid on March 29, 2023.

7. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated July 21, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Risks and Uncertainties

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict, which could impact the value of investment securities. 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.

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.

9. Information Certified by Trustee and Custodian

The plan administrator has 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 for 2022 and 2021. Accordingly, BNYM, the trustee of the Plan, has certified to the completeness and accuracy of certain investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021 and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years then ended. Northern Trust Company, the custodian of certain plan assets, has certified to the completeness and accuracy of certain investments reported in the Statements of Net Assets Available for Benefits as of December 31, 2022 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022.

Berkshire Hathaway Consolidated Pension Plan
(Formerly TIMET Defined Benefit Retirement Plan)

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
 EIN: 47-0679606 Plan Number: 002
 December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds				
	Canadian National Railway Co	Corporate Bond, 6.900% due 7/15/2028	\$ 275,799	\$ 302,719
	Burlington Northern Santa Fe	Corporate Bond, 7.950% due 8/15/2030	124,896	144,613
	Ally Financial Inc	Corporate Bond, 8.000% due 11/01/2031	213,628	225,216
	Anheuser-Busch Cos LLC	Corporate Bond, 7.550% due 10/01/2030	577,615	594,505
	AT&T Inc	Corporate Bond, 7.625% due 4/15/2031	236,240	268,689
	Conagra Brands Inc	Corporate Bond, 8.250% due 9/15/2030	335,315	335,947
	Contra TXU Eastern	Corporate Bond, 0.000% due 12/31/2040	434,474	1,450
	Ford Motor Co	Corporate Bond, 7.450% due 7/16/2031	337,067	357,979
	Safeway Inc	Corporate Bond, 7.250% due 2/01/2031	245,690	243,123
	United Technologies Corp	Corporate Bond, 7.500% due 9/15/2029	234,556	265,111
	Zurich Reinsurance Centre Holdings	Corporate Bond, 7.125% due 10/15/2023	70,115,732	67,203,635
	Sofi Lending Corp	Corporate Bond, 2.340% due 4/25/2033	4,296	4,207
	Citigroup Mtg	Corporate Bond, 4.000% due 1/25/2035	5,218	4,674
	New Resi Mtg	Corporate Bond, 3.750% due 5/28/2052	7,671	6,930
		Total corporate bonds	73,148,197	69,958,798
Government Securities				
	Federal Home Loan Mortgage Corporation	FHLMC Pool C34756, 7.0%, due 12/1/2029	26,887	26,521
	Federal Home Loan Mortgage Corporation	FHLMC Pool C45861, 7.0%, due 12/1/2030	10,704	10,548
	Federal Home Loan Mortgage Corporation	FHLMC Pool C48189, 7.0%, due 3/1/2031	75,448	74,993
	Federal Home Loan Mortgage Corporation	FHLMC Pool C49015, 7.0%, due 3/1/2031	41,240	40,697
	Federal Home Loan Mortgage Corporation	FHLMC Pool C55355, 7.0%, due 7/1/2031	7,566	7,462
	Federal Home Loan Mortgage Corporation	FHLMC Pool C60523, 6.5%, due 11/1/2031	60,010	61,270
	Federal Home Loan Mortgage Corporation	FHLMC Pool C65797, 6.5%, due 4/1/2032	87,090	88,720
	Federal Home Loan Mortgage Corporation	FHLMC Pool C01199, 7.0%, due 7/1/2031	19,646	20,315
	Federal Home Loan Mortgage Corporation	FHLMC Pool C50544, 7.0%, due 4/1/2031	11,023	10,937
	Federal Home Loan Mortgage Corporation	FHLMC Pool C60928, 6.5%, due 12/1/2031	69,682	71,145
	Federal Home Loan Mortgage Corporation	FHLMC Pool C01106, 7.0%, due 12/1/2030	4,617	4,712
	Federal Home Loan Mortgage Corporation	FHLMC Pool C01343, 6.5%, due 4/1/2032	14,204	14,524
	Federal Home Loan Mortgage Corporation	FHLMC Pool C01364, 6.5%, due 6/1/2032	129,718	133,652
	Federal Home Loan Mortgage Corporation	FHLMC Pool C43723, 8.0%, due 10/1/2030	4,758	4,690
	Federal Home Loan Mortgage Corporation	FHLMC Pool C44277, 8.0%, due 11/1/2030	15,847	15,758
	Federal Home Loan Mortgage Corporation	FHLMC Pool C50690, 7.0%, due 4/1/2031	20,980	20,737
	Federal Home Loan Mortgage Corporation	FHLMC Pool C60728, 6.5%, due 11/1/2031	16,859	17,213
	Federal Home Loan Mortgage Corporation	FHLMC Pool C63675, 6.5%, due 2/1/2032	153,660	158,798
	Federal Home Loan Mortgage Corporation	FHLMC Pool C66083, 6.5%, due 4/1/2032	41,689	42,445
	Federal Home Loan Mortgage Corporation	FHLMC Pool C01080, 8.0%, due 10/1/2030	15,614	16,274
	Federal Home Loan Mortgage Corporation	FHLMC Pool C43909, 8.0%, due 10/1/2030	28,585	29,144
	Federal Home Loan Mortgage Corporation	FHLMC Pool C43678, 8.0%, due 10/1/2030	18,863	18,732
	Federal Home Loan Mortgage Corporation	FHLMC Pool C37872, 7.0%, due 4/1/2030	8,489	8,382
	Federal Home Loan Mortgage Corporation	FHLMC Pool C49585, 7.0%, due 4/1/2031	25,876	25,524
	Federal Home Loan Mortgage Corporation	FHLMC Pool J10866, 4.5%, due 9/1/2024	47,378	46,345
	Federal Home Loan Mortgage Corporation	FHLMC Multiclass Mtg 3956, 3.5%, due 11/15/2026	15,301	14,258
	Federal National Mortgage Corporation	FNMA Pool #535933 Series, 6.5%, due 5/1/2031	963	980
	Federal National Mortgage Corporation	FNMA Pool #561740 Series, 7.0%, due 1/1/2031	2,305	2,270
	Federal National Mortgage Corporation	FNMA Pool #607036 Series, 6.5%, due 10/1/2031	64	65
	Federal National Mortgage Corporation	FNMA Pool #609524 Series, 7.0%, due 10/1/2031	119	119
	Federal National Mortgage Corporation	FNMA Pool #933902 Series, 4.5%, due 5/1/2023	3,656	3,568
	Government National Mortgage Association	GNMA Pool #2394 Series, 7.0%, due 3/20/2027	72	72
	Government National Mortgage Association	GNMA Pool #2866 Series, 7.0%, due 1/20/2030	22,702	23,157
	Government National Mortgage Association	GNMA Pool #2986 Series, 7.0%, due 10/20/2030	127,537	130,004
	Government National Mortgage Association	GNMA Pool #551100 Series, 6.5%, due 11/15/2031	13,656	13,836
	Government National Mortgage Association	GNMA Pool #551926 Series, 6.5%, due 12/15/2031	4,088	4,123
	Government National Mortgage Association	GNMA Pool #552656 Series, 6.5%, due 7/15/2032	76,202	76,937
	Government National Mortgage Association	GNMA Pool #564990 Series, 6.5%, due 9/15/2031	29,226	29,613
	Government National Mortgage Association	GNMA Pool #569800 Series, 6.5%, due 5/15/2032	37,408	37,828
	Government National Mortgage Association	GNMA Pool #574841 Series, 6.5%, due 11/15/2031	15,149	15,350
	Government National Mortgage Association	GNMA Pool #575412 Series, 6.5%, due 12/15/2031	39,526	40,049
	Government National Mortgage Association	GNMA Pool #578240 Series, 6.5%, due 7/15/2032	75,369	76,150
	Government National Mortgage Association	GNMA Pool #582244 Series, 6.5%, due 7/15/2032	57,751	58,246
	Government National Mortgage Association	GNMA Pool #584376 Series, 6.5%, due 5/15/2032	17,351	17,499
	Government National Mortgage Association	GNMA Pool #587021 Series, 6.5%, due 4/15/2032	31,005	31,279
	Government National Mortgage Association	GNMA II Pool #593187 Series, 6.5%, due 07/15/2032	32,327	32,658

Berkshire Hathaway Consolidated Pension Plan
(Formerly TIMET Defined Benefit Retirement Plan)

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 47-0679606 Plan Number: 002

December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Government National Mortgage Association	GNMA II Pool #781340 Series, 6.5%, due 10/15/2031	\$ 38,833	\$ 39,370
	Government National Mortgage Association	GNMA II Pool #2716 Series, 7.0%, due 2/20/2029	710	717
	Government National Mortgage Association	GNMA II Pool #2796 Series, 7.0%, due 8/20/2029	11,357	11,478
	Government National Mortgage Association	GNMA II Pool #2895 Series, 7.0%, due 3/20/2030	109,098	110,876
	Government National Mortgage Association	GNMA II Pool #2971 Series, 7.0%, due 9/20/2030	15,392	15,858
	Government National Mortgage Association	GNMA II Pool #2998 Series, 7.0%, due 11/20/2030	29,407	29,805
	Government National Mortgage Association	GNMA II Pool #3040 Series, 7.0%, due 2/20/2031	120,155	122,284
	Government National Mortgage Association	GNMA II Pool # 3054 Series, 7.0%, due 3/20/2031	284,196	291,130
	Government National Mortgage Association	GNMA II Pool #3069 Series, 7.0%, due 4/20/2031	65,507	68,282
	Government National Mortgage Association	GNMA II Pool #3081 Series, 7.0%, due 5/20/2031	13,935	14,257
		Total government securities	2,246,800	2,281,656
	Common Stocks			
	Alerislife Inc.	Common Stock	20,968	285
	Ally Bank	Common Stock	401,408,437	223,470,066
	Amazon.com Inc	Common Stock	464,351,203	471,412,200
	AON PLC	Common Stock	375,186,240	492,237,404
	Davita Inc	Common Stock	624,612,962	786,431,011
	Floor & Decor	Common Stock	87,796,876	58,634,727
	Kroger	Common Stock	277,353,629	351,015,163
	Liberty Latin America	Common Stock	20,706,338	4,381,489
	Liberty Media Corp Series A	Common Stock	66,508,967	92,768,416
	Liberty Media Corp Series C	Common Stock	317,713,393	400,876,989
	Liberty Media Corp Series C Formula One	Common Stock	91,336,566	89,362,252
	Louisiana-Pacific	Common Stock	61,527,114	63,942,867
	RH	Common Stock	80,124,767	113,621,212
	T-Mobile US Inc	Common Stock	52,506,036	66,500,000
	Verisign Inc	Common Stock	47,609,421	208,528,174
		Total common stocks	2,968,762,917	3,423,182,255
	Common Collective Trust			
*	Northern Trust Company	COLTV Short Term Inv Fund	318,845,091	318,845,091
	Group Annuity Insurance Contract			
*	Principal Life Insurance Company	Group Annuity Insurance Contract	2,405,155	2,977,886
	Other Investments			
	Province of Quebec Canada	Other Investment	389,577	476,862
		Total	\$ 3,365,797,737	\$ 3,817,722,548

* A party in interest as defined by ERISA.

**DISTRIBUTION OF ACTIVE PARTICIPANTS BY
 AGE AND YEARS OF CREDITED SERVICE**
(January 1, 2022)

Years of Credited Service

Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	Over 40	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	0	0	0	0	0	0	0	0	0
40 - 44	0	0	0	0	0	0	0	0	0	0	0
45 - 49	0	0	0	0	0	0	1	0	0	0	1
50 - 54	0	0	0	0	0	0	2	0	0	0	2
55 - 59	0	0	0	0	0	0	0	2	0	0	2
60 - 64	0	0	3	0	0	0	2	2	3	11	21
65 - 69	0	0	1	0	0	0	0	0	0	10	11
70 & Up	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
TOTAL	<u>0</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>21</u>	<u>38</u>

Actuarial Cost Method

For purposes of calculating the Funding Target, we calculated the actuarial present value of benefits accrued as of the beginning of the plan year. This cost method is typically referred to as the Unit Credit method.

Actuarial Value of Assets

For funding requirements, the Plan uses the 24-month average value of assets per IRS Notice 2009-22.

Discount Rates

As selected by TIMET, the rates for calculating the PPA Funding Target are the September 2021 segment rates and reflect the American Rescue Plan Act of 2021.

- Segment 1 payments under 5 years 4.75%
- Segment 2 payments between 5 and 20 years 5.18%
- Segment 3 payments after 20 years 5.92%

Salary Scale

Pay rates were assumed to increase 3.00% per year for Toronto, Ohio, and Henderson, Nevada, bargaining plant participants. Pay rates are included in the calculation of the Special Payment Benefit.

Compensation for salaried members was frozen April 1, 1994, so the salary scale does not apply.

Future Service

Each active participant is assumed to earn one year of service in each future plan year prior to the year of retirement, death, or withdrawal.

Withdrawal

Withdrawals prior to retirement for reasons other than death were assumed to follow the 2003 SOA Pension Plan Turnover Study Small Plan Service Table. Withdrawal rates at sample ages are shown below:

Service	Withdrawal Rate
0	19.8%
1	18.1%
2	16.5%
5	12.3%
10	7.4%
15	4.4%
20	2.5%
25	1.4%
30	0.8%
50	0.1%

Retirement

Eligible employees were assumed to retire according to the following table:

Age(s)	Retirement Rate
55-59	3.0%
60-61	10.0%
62	25.0%
63-64	10.0%
65-69	30.0%
70	100.0%

Assumed retirement dates for vested terminated participants were provided by the plan administrator.

Mortality

For calculating the Funding Target, mortality follows the RP-2014 annuitant and non-annuitant static mortality tables for 2022 as prescribed by the IRS for all participants.

Disability

No employees were assumed to terminate due to disability.

Administrative Expenses

Administrative expenses are estimated to be the sum of the prior year expenses, less the prior year PBGC premium, plus the current year PBGC premium, payable at the beginning of the year.

Probability of Marriage

85% of non-retired participants are assumed to be married. A three-year age difference between spouses is assumed with the males being older.

Form of Benefit

Non-retired participants are assumed to elect from the following forms of payment at retirement at the rates shown:

Probability	Form of Payment
40%	Single Life Annuity
60%	50% Joint & Survivor Annuity

Change in Actuarial Assumptions

- The Funding Target discount rates and mortality assumption were updated as required and as described above.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning	01/01/2022	and ending	12/31/2022
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► 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BERKSHIRE HATHAWAY CREDIT CORPORATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">D Employer Identification Number (EIN)</td> <td style="width: 30%; text-align: center;">47-0679606</td> </tr> </table>	D Employer Identification Number (EIN)	47-0679606
D Employer Identification Number (EIN)	47-0679606		

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 <u>01</u> Day <u>01</u> Year <u>2022</u>	
2	Assets:	
	a Market value	2a 152,046,774
	b Actuarial value	2b 138,317,222
3	Funding target/participant count breakdown	
	a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 874 (2) Vested Funding Target 55,882,182 (3) Total Funding Target 55,882,182
	b For terminated vested participants.....	67 2,438,747 2,438,747
	c For active participants	38 5,892,180 5,901,689
	d Total.....	979 64,213,109 64,222,618
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 5.28%
6	Target normal cost.....	
	a Present value of current plan year accruals.....	6a 146,430
	b Expected plan-related expenses	6b 188,620
	c Total (line 6a + line 6b)	6c 335,050

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		10/11/2023 Date
	Signature of actuary	
	BRUCE R. MITTON	2305511
	Type or print name of actuary	Most recent enrollment number
	MILLIMAN, INC.	503-227-0634
	Firm name	Telephone number (including area code)
	1455 SW BROADWAY, SUITE 1600	
	PORTLAND OR 97201	
	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 ☐

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

Schedule SB (Form 5500) 2022 v. 220413

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

<u>Age</u>	<u>Retirement Rates</u>	<u>Probability of Not Retiring Before Age</u>	<u>Weighted Retirement Age</u>
55	0.0300	1.0000	1.6500
56	0.0300	0.9700	1.6296
57	0.0300	0.9409	1.6089
58	0.0300	0.9127	1.5881
59	0.0300	0.8853	1.5670
60	0.1000	0.8587	5.1524
61	0.1000	0.7729	4.7144
62	0.2500	0.6956	10.7814
63	0.1000	0.5217	3.2866
64	0.1000	0.4695	3.0049
65	0.3000	0.4226	8.2400
66	0.3000	0.2958	5.8567
67	0.3000	0.2071	4.1618
68	0.3000	0.1449	2.9567
69	0.3000	0.1015	2.1002
70	1.0000	0.0710	<u>4.9714</u>
Weighted Average Retirement Age			63.2701
Rounded Average Retirement Age			63

The weighted average retirement age was calculated by multiplying each possible retirement age by the probability of not retiring before that age and then retiring. These products were then summed to produce the weighted average retirement age.

Name

TIMET Defined Benefit Retirement Plan

Effective Dates

January 1, 1987; amended and restated effective January 1, 2016. The latest Plan amendment reflected in the valuation was Amendment 3, effective August 1, 2020.

Type of Plan

Trusted plan with a corporate trustee, administered by the Employer.

Employer

Titanium Metals Corporation (TIMET).

Employees Eligible to Participate

Plan participation required one year of service and attaining age 21 years prior to the applicable participation freeze date shown below.

January 1, 1989 - Salaried employees not covered by a collective bargaining agreement.

July 1, 1995 – Hourly union employees at Toronto, OH.

April 1, 1994 – Hourly union employees at Henderson, NV.

Plan Changes

There were no plan changes since the prior valuation.

Salaried Employees

Benefit Service

Benefit Service was frozen effective December 31, 1988. Service on or after that date is counted only to determine eligibility for an Age and Service Retirement or a Surviving Spouse's Benefit.

Vesting

Effective April 2, 1994, all salaried participants with an accrued benefit were immediately vested.

Normal Retirement Date

A participant's normal retirement date shall be his 65th birthday.

Final Average Compensation

Final Average Compensation is the highest average monthly compensation in the five consecutive calendar years out of the last ten Years of Service prior to April 1, 1994. Compensation means the total cash remuneration before any deferrals to a 401(k) plan, including bonuses, overtime and commissions.

Normal Retirement Benefit

A participant's basic benefit is a monthly pension for the life of the participant equal to the sum of the following:

- Benefit Service as of December 31, 1988 up to a maximum of 40, times 1.0% of Final Average Compensation, plus
- Benefit Service as of December 31, 1988 up to maximum of 35, times 0.5% of Final Average Compensation in excess of Social Security Covered Compensation

However, in no case will the annual benefit be less than the greater of the benefit accrued under the plan as of December 31, 1988, or Benefit Service as of December 31, 1988 times \$180.

Optional Forms of Benefit

In lieu of a single life annuity, participants may elect a joint and survivor annuity with 25%, 50%, 75%, or 100% continued to a beneficiary. All optional forms are actuarially equivalent to the life annuity using 5% interest and the applicable Code Section 417(e)(3) mortality table for the year of commencement.

Earliest Retirement Dates

55 & 30 Retirement: After a participant has completed 30 years and attained age 55, he or she may retire and receive the retirement benefit accrued to his or her date of early retirement reduced for early commencement of benefits prior to age 62. In addition, a \$225 monthly supplement is payable to age 62.

55 & 10 Retirement: After a participant has completed 10 years and attained age 55, he or she may retire and receive the retirement benefit accrued to his or her date of early retirement reduced for early commencement of benefits prior to age 65.

Salaried Employees (continued)

Amount of Early Retirement Pension

The basic pension benefit for participants eligible for a pension under the Final Average Compensation formula is reduced by 1/2% for each month that early retirement precedes the normal retirement date.

For early retirements under the flat dollar formula, the accrued benefit is reduced by graduated percentages ranging from 44.11% at age 55 to 0.00% at age 62.

Disability Pension

Participants who become disabled and are in continuous receipt of benefits under the employer's long-term disability plan and under Title II of the Social Security Act until age 65 are eligible to receive a disability benefit commencing at age 65, equal to the normal retirement benefit accrued as of April 1, 1994.

Preretirement Death Benefits

If a vested participant dies prior to retirement, his surviving spouse will be eligible to receive a retirement benefit equal to the monthly benefit that would have been payable to the spouse had the deceased participant retired on the day of his death and elected the 50% spouse joint and survivor annuity.

Surviving Spouse's Benefit

If a participant who is still accruing service and has completed at least 15 Years of Service or has attained age 55 and at least 10 Years of Service dies prior to retirement, his surviving spouse will be eligible to receive a retirement benefit equal to 50% of his accrued benefit, less 50% of the amount of any widow's benefit payable under a public pension. This Surviving Spouse's Benefit will not be less than \$107.50 for any month prior to eligibility for a widow's benefit under a public pension nor less than \$57.50 for any later month.

Special Retirement Payment

Each participant receiving benefits under all cases of retirement except for disability and deferred vested retirement is eligible for the Special Retirement Payment. The benefit is a lump sum equal to the product of the following:

- The participant's standard hourly vacation rate as of April 2, 1994, times
- Regularly scheduled weekly hours, times
- 8 if continuous service is greater than 20; 9 if continuous service is greater than 10, but less than 20; and 10 if continuous service is less than 10.

This payment is made in lieu of the first three regular monthly pension payments, but may not be less than the sum of the first three regular monthly pension payments.

Toronto, OH Bargaining Employees

Continuous Service

The elapsed time method of crediting service is used to determine the accrued benefit. Service only accrues while the employee is covered as an employee under a Basic Agreement.

Vesting

A terminated participant who has completed at least five Years of Continuous Service will be entitled to a deferred retirement benefit.

Normal Retirement Date

A participant's normal retirement date shall be the later of age 65 or the date the participant has completed five Years of Continuous Service.

Normal Retirement Benefit

For retirement on or after July 1, 2014, the monthly benefit payable at Normal Retirement is equal to the sum of the Years of Continuous Service times the corresponding multiplier for each period below.

Years of Continuous Service	Multiplier	For Retirement or Death Occurring
Prior to July 1, 2014	\$38.50	
From July 1, 2014 to June 30, 2019	\$39.50	July 1, 2014 to June 30, 2016
	\$40.50	July 1, 2016 to June 30, 2018
	\$41.50	After June 30, 2018
After June 30, 2019	\$42.50	July 1, 2019 to June 30, 2020
	\$43.00	July 1, 2020 to June 30, 2021
	\$43.50	July 1, 2021 to June 30, 2022
	\$44.00	July 1, 2022 to June 30, 2023
	\$44.50	After June 30, 2023

Optional Forms of Benefit

In lieu of a single life annuity, participants may elect a joint and survivor annuity with 50%, 75%, or 100% continued to a beneficiary. All optional forms are actuarially equivalent to the life annuity using 5% interest and the applicable Code Section 417(e)(3) mortality table for the year of commencement.

Earliest Retirement Dates

60 & 10 Retirement: After a participant has completed 10 years and attained age 60, he or she may retire and receive an early retirement benefit.

Toronto, OH Bargaining Employees (continued)

70/80 Retirement: Any participant whose continuous service is broken by reason of: i) the permanent shutdown of a plant, department or a subdivision or ii) a layoff or physical disability; and who also has 15 Years of Continuous Service and has either i) attained age 55 or ii) whose combined age and service equals 80 or more, may retire and receive the retirement benefit accrued to his or her date of retirement.

Amount of Early Retirement Pension

60 & 10 Retirement: The benefit is reduced by graduated percentages ranging from 16.18% at age 60 to 0.00% at age 62.

Disability Pension

Participants with at least 10 Years of Continuous Service at the time of permanent disability are eligible to receive a monthly benefit equal to their normal retirement benefit based on continuous service at the date of disability. In addition, disabled participants receive a Social Security Supplement.

Preretirement Death Benefits

If a vested participant dies prior to retirement, his surviving spouse will be eligible to receive a retirement benefit equal to the benefit that would have been payable to the spouse had the deceased participant retired on the day of his death and elected the 50% spouse joint and survivor annuity.

Additional Death Benefits

If an active participant with more than 15 Years of Continuous Service or a participant who is no longer employed but eligible for or receiving a benefit other than a deferred vested benefit dies, a benefit is immediately payable to their spouse. For those participants receiving retirement benefits, the spouse receives 50% of the benefit. For other eligible participants, the spouse receives 50% of the participant's accrued benefit. The minimum benefit payable is \$140 per month. These benefits are payable until the spouse is eligible for a Social Security widow or widower's benefit; however, the minimum benefit payable is \$90 per month. These benefits are payable in addition to any other death benefits payable under the plan.

Special Retirement Payment

Each participant receiving benefits under all cases of retirement except for disability and deferred vested retirement is eligible for the Special Retirement Payment. The benefit is a lump sum equal to the product of the following:

- The participant's standard hourly vacation rate in excess of \$5.05, times
- Regularly scheduled weekly hours (maximum of 44), times
- 9 if continuous service is greater than 17; 10 if continuous service is greater than 10, but less than 17; and 11 if continuous service is less than 10.

This payment is made in lieu of the first three regular monthly pension payments, but may not be less than the sum of the first three regular pension payments.

Henderson, NV Bargaining Employees

Continuous Service

The elapsed time method of crediting service is used to determine the accrued benefit. Service only accrues while the employee is covered as an employee under a Basic Agreement.

Vesting

A terminated participant who has completed at least five Years of Continuous Service will be entitled to a deferred retirement benefit.

Normal Retirement Date

A participant's normal retirement date shall be the later of age 65 or the date the participant has completed five Years of Continuous Service.

Normal Retirement Benefit

For retirement or death on or after February 1, 2011, the monthly benefit payable at Normal Retirement Date is \$37.00 for each Year of Continuous Service.

Optional Forms of Benefit

In lieu of a single life annuity, participants may elect a joint and survivor annuity with 50%, 75%, or 100% continued to a beneficiary. All optional forms are actuarially equivalent to the life annuity using 5% interest and the applicable Code Section 417(e)(3) mortality table for the year of commencement.

Earliest Retirement Dates

55 & 30 Retirement: After a participant has completed 30 years and attained age 55, he or she may retire and receive an early retirement benefit.

60 & 10 Retirement: After a participant has completed 10 years and attained age 60, he or she may retire and receive an early retirement benefit.

70/80 Retirement: Any participant whose continuous service is broken by reason of: i) the permanent shutdown of a plant, department or a subdivision or ii) a layoff or physical disability; and who also has 15 Years of Continuous Service and has either i) attained age 55 or ii) whose combined age and service equals 80 or more, may retire and receive the retirement benefit accrued to his or her date of retirement.

Amount of Early Retirement Pension

55 & 30 Retirement: The benefit is reduced by 1/2% for each month that early retirement precedes the normal retirement date.

60 & 10 Retirement: The benefit is reduced by graduated percentages ranging from 16.18% at age 60 to 0.00% at age 62.

Henderson, NV Bargaining Employees (continued)

Disability Pension

Participants with at least 10 Years of Continuous Service at the time of permanent disability are eligible to receive a monthly benefit equal to their normal retirement benefit based on continuous service at the date of disability. In addition, disabled participants receive a Social Security Supplement.

Preretirement Death Benefits

If a vested participant dies prior to retirement, his surviving spouse will be eligible to receive a retirement benefit equal to the benefit that would have been payable to the spouse had the deceased participant retired on the day of his death and elected the 50% spouse joint and survivor annuity.

Additional Death Benefits

If an active participant with more than 15 Years of Continuous Service or a participant who is no longer employed but eligible for or receiving a benefit other than a deferred vested benefit dies, a benefit is immediately payable to their spouse. For those participants receiving retirement benefits, the spouse receives 50% of the benefit. For other eligible participants, the spouse receives 50% of the participant's accrued benefit. The minimum benefit payable is \$140 per month. These benefits are payable until the spouse is eligible for a Social Security widow or widower's benefit; however, the minimum benefit payable is \$90 per month. These benefits are payable in addition to any other death benefits payable under the plan.

Special Retirement Payment

Each participant receiving benefits under all cases of retirement except for disability and deferred vested retirement is eligible for the Special Retirement Payment. The benefit is a lump sum equal to the product of the following:

- The participant's standard hourly vacation rate in excess of \$5.05, times
- Regularly scheduled weekly hours (maximum of 44), times
- 9 if continuous service is greater than 10; and 10 if continuous service is less than 10.

This payment is made in lieu of the first three regular monthly pension payments, but may not be less than the sum of the first three regular monthly pension payments.

Berkshire Hathaway Consolidated Pension Plan
(Formerly TIMET Defined Benefit Retirement Plan)

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 47-0679606 Plan Number: 002

December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds				
	Canadian National Railway Co	Corporate Bond, 6.900% due 7/15/2028	\$ 275,799	\$ 302,719
	Burlington Northern Santa Fe	Corporate Bond, 7.950% due 8/15/2030	124,896	144,613
	Ally Financial Inc	Corporate Bond, 8.000% due 11/01/2031	213,628	225,216
	Anheuser-Busch Cos LLC	Corporate Bond, 7.550% due 10/01/2030	577,615	594,505
	AT&T Inc	Corporate Bond, 7.625% due 4/15/2031	236,240	268,689
	Conagra Brands Inc	Corporate Bond, 8.250% due 9/15/2030	335,315	335,947
	Contra TXU Eastern	Corporate Bond, 0.000% due 12/31/2040	434,474	1,450
	Ford Motor Co	Corporate Bond, 7.450% due 7/16/2031	337,067	357,979
	Safeway Inc	Corporate Bond, 7.250% due 2/01/2031	245,690	243,123
	United Technologies Corp	Corporate Bond, 7.500% due 9/15/2029	234,556	265,111
	Zurich Reinsurance Centre Holdings	Corporate Bond, 7.125% due 10/15/2023	70,115,732	67,203,635
	Sofi Lending Corp	Corporate Bond, 2.340% due 4/25/2033	4,296	4,207
	Citigroup Mtg	Corporate Bond, 4.000% due 1/25/2035	5,218	4,674
	New Resi Mtg	Corporate Bond, 3.750% due 5/28/2052	7,671	6,930
		Total corporate bonds	73,148,197	69,958,798
Government Securities				
	Federal Home Loan Mortgage Corporation	FHLMC Pool C34756, 7.0%, due 12/1/2029	26,887	26,521
	Federal Home Loan Mortgage Corporation	FHLMC Pool C45861, 7.0%, due 12/1/2030	10,704	10,548
	Federal Home Loan Mortgage Corporation	FHLMC Pool C48189, 7.0%, due 3/1/2031	75,448	74,993
	Federal Home Loan Mortgage Corporation	FHLMC Pool C49015, 7.0%, due 3/1/2031	41,240	40,697
	Federal Home Loan Mortgage Corporation	FHLMC Pool C55355, 7.0%, due 7/1/2031	7,566	7,462
	Federal Home Loan Mortgage Corporation	FHLMC Pool C60523, 6.5%, due 11/1/2031	60,010	61,270
	Federal Home Loan Mortgage Corporation	FHLMC Pool C65797, 6.5%, due 4/1/2032	87,090	88,720
	Federal Home Loan Mortgage Corporation	FHLMC Pool C01199, 7.0%, due 7/1/2031	19,646	20,315
	Federal Home Loan Mortgage Corporation	FHLMC Pool C50544, 7.0%, due 4/1/2031	11,023	10,937
	Federal Home Loan Mortgage Corporation	FHLMC Pool C60928, 6.5%, due 12/1/2031	69,682	71,145
	Federal Home Loan Mortgage Corporation	FHLMC Pool C01106, 7.0%, due 12/1/2030	4,617	4,712
	Federal Home Loan Mortgage Corporation	FHLMC Pool C01343, 6.5%, due 4/1/2032	14,204	14,524
	Federal Home Loan Mortgage Corporation	FHLMC Pool C01364, 6.5%, due 6/1/2032	129,718	133,652
	Federal Home Loan Mortgage Corporation	FHLMC Pool C43723, 8.0%, due 10/1/2030	4,758	4,690
	Federal Home Loan Mortgage Corporation	FHLMC Pool C44277, 8.0%, due 11/1/2030	15,847	15,758
	Federal Home Loan Mortgage Corporation	FHLMC Pool C50690, 7.0%, due 4/1/2031	20,980	20,737
	Federal Home Loan Mortgage Corporation	FHLMC Pool C60728, 6.5%, due 11/1/2031	16,859	17,213
	Federal Home Loan Mortgage Corporation	FHLMC Pool C63675, 6.5%, due 2/1/2032	153,660	158,798
	Federal Home Loan Mortgage Corporation	FHLMC Pool C66083, 6.5%, due 4/1/2032	41,689	42,445
	Federal Home Loan Mortgage Corporation	FHLMC Pool C01080, 8.0%, due 10/1/2030	15,614	16,274
	Federal Home Loan Mortgage Corporation	FHLMC Pool C43909, 8.0%, due 10/1/2030	28,585	29,144
	Federal Home Loan Mortgage Corporation	FHLMC Pool C43678, 8.0%, due 10/1/2030	18,863	18,732
	Federal Home Loan Mortgage Corporation	FHLMC Pool C37872, 7.0%, due 4/1/2030	8,489	8,382
	Federal Home Loan Mortgage Corporation	FHLMC Pool C49585, 7.0%, due 4/1/2031	25,876	25,524
	Federal Home Loan Mortgage Corporation	FHLMC Pool J10866, 4.5%, due 9/1/2024	47,378	46,345
	Federal Home Loan Mortgage Corporation	FHLMC Multiclass Mtg 3956, 3.5%, due 11/15/2026	15,301	14,258
	Federal National Mortgage Corporation	FNMA Pool #535933 Series, 6.5%, due 5/1/2031	963	980
	Federal National Mortgage Corporation	FNMA Pool #561740 Series, 7.0%, due 1/1/2031	2,305	2,270
	Federal National Mortgage Corporation	FNMA Pool #607036 Series, 6.5%, due 10/1/2031	64	65
	Federal National Mortgage Corporation	FNMA Pool #609524 Series, 7.0%, due 10/1/2031	119	119
	Federal National Mortgage Corporation	FNMA Pool #933902 Series, 4.5%, due 5/1/2023	3,656	3,568
	Government National Mortgage Association	GNMA Pool #2394 Series, 7.0%, due 3/20/2027	72	72
	Government National Mortgage Association	GNMA Pool #2866 Series, 7.0%, due 1/20/2030	22,702	23,157
	Government National Mortgage Association	GNMA Pool #2986 Series, 7.0%, due 10/20/2030	127,537	130,004
	Government National Mortgage Association	GNMA Pool #551100 Series, 6.5%, due 11/15/2031	13,656	13,836
	Government National Mortgage Association	GNMA Pool #551926 Series, 6.5%, due 12/15/2031	4,088	4,123
	Government National Mortgage Association	GNMA Pool #552656 Series, 6.5%, due 7/15/2032	76,202	76,937
	Government National Mortgage Association	GNMA Pool #564990 Series, 6.5%, due 9/15/2031	29,226	29,613
	Government National Mortgage Association	GNMA Pool #569800 Series, 6.5%, due 5/15/2032	37,408	37,828
	Government National Mortgage Association	GNMA Pool #574841 Series, 6.5%, due 11/15/2031	15,149	15,350
	Government National Mortgage Association	GNMA Pool #575412 Series, 6.5%, due 12/15/2031	39,526	40,049
	Government National Mortgage Association	GNMA Pool #578240 Series, 6.5%, due 7/15/2032	75,369	76,150
	Government National Mortgage Association	GNMA Pool #582244 Series, 6.5%, due 7/15/2032	57,751	58,246
	Government National Mortgage Association	GNMA Pool #584376 Series, 6.5%, due 5/15/2032	17,351	17,499
	Government National Mortgage Association	GNMA Pool #587021 Series, 6.5%, due 4/15/2032	31,005	31,279
	Government National Mortgage Association	GNMA II Pool #593187 Series, 6.5%, due 07/15/2032	32,327	32,658

Berkshire Hathaway Consolidated Pension Plan
(Formerly TIMET Defined Benefit Retirement Plan)

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 47-0679606 Plan Number: 002

December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Government National Mortgage Association	GNMA II Pool #781340 Series, 6.5%, due 10/15/2031	\$ 38,833	\$ 39,370
	Government National Mortgage Association	GNMA II Pool #2716 Series, 7.0%, due 2/20/2029	710	717
	Government National Mortgage Association	GNMA II Pool #2796 Series, 7.0%, due 8/20/2029	11,357	11,478
	Government National Mortgage Association	GNMA II Pool #2895 Series, 7.0%, due 3/20/2030	109,098	110,876
	Government National Mortgage Association	GNMA II Pool #2971 Series, 7.0%, due 9/20/2030	15,392	15,858
	Government National Mortgage Association	GNMA II Pool #2998 Series, 7.0%, due 11/20/2030	29,407	29,805
	Government National Mortgage Association	GNMA II Pool #3040 Series, 7.0%, due 2/20/2031	120,155	122,284
	Government National Mortgage Association	GNMA II Pool # 3054 Series, 7.0%, due 3/20/2031	284,196	291,130
	Government National Mortgage Association	GNMA II Pool #3069 Series, 7.0%, due 4/20/2031	65,507	68,282
	Government National Mortgage Association	GNMA II Pool #3081 Series, 7.0%, due 5/20/2031	13,935	14,257
		Total government securities	2,246,800	2,281,656
	Common Stocks			
	Alerislife Inc.	Common Stock	20,968	285
	Ally Bank	Common Stock	401,408,437	223,470,066
	Amazon.com Inc	Common Stock	464,351,203	471,412,200
	AON PLC	Common Stock	375,186,240	492,237,404
	Davita Inc	Common Stock	624,612,962	786,431,011
	Floor & Decor	Common Stock	87,796,876	58,634,727
	Kroger	Common Stock	277,353,629	351,015,163
	Liberty Latin America	Common Stock	20,706,338	4,381,489
	Liberty Media Corp Series A	Common Stock	66,508,967	92,768,416
	Liberty Media Corp Series C	Common Stock	317,713,393	400,876,989
	Liberty Media Corp Series C Formula One	Common Stock	91,336,566	89,362,252
	Louisiana-Pacific	Common Stock	61,527,114	63,942,867
	RH	Common Stock	80,124,767	113,621,212
	T-Mobile US Inc	Common Stock	52,506,036	66,500,000
	Verisign Inc	Common Stock	47,609,421	208,528,174
		Total common stocks	2,968,762,917	3,423,182,255
	Common Collective Trust			
*	Northern Trust Company	COLTV Short Term Inv Fund	318,845,091	318,845,091
	Group Annuity Insurance Contract			
*	Principal Life Insurance Company	Group Annuity Insurance Contract	2,405,155	2,977,886
	Other Investments			
	Province of Quebec Canada	Other Investment	389,577	476,862
		Total	\$ 3,365,797,737	\$ 3,817,722,548

* A party in interest as defined by ERISA.

Schedule R, line 18 — Funded Percentage of Plans Contributing to the Liabilities of Plan Participants
Berkshire Hathaway Consolidated Pension Plan
EIN/PN: 47-0679606/002

Funded Percentage of Plans Contributing to the Liabilities of Plan Participants

Plan Name	EIN/PN	End of 2021 Plan Year Funded Percentage
Berkshire Hathaway Consolidated Pension Plan (previously TIMET Defined Benefit Retirement Plan)	47-0679606/002 (previously 13-5630895/021)	174.10%
Berkshire Hathaway Consolidated Pension Plan	47-0679606/001	116.32%