

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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**

<p><b>1a</b> Name of plan <u>THE 401(K) SAVINGS PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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 AUTOMOTIVE INC.</u></p> <p><u>8333 ROYAL RIDGE PARKWAY</u> <u>SUITE 100</u> <u>IRVING, TX 75063</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1994</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>47-2124505</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>972-536-2900</u></p> <p><b>2d</b> Business code (see instructions) <u>441110</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/10/2025	DELWYN JAMES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	13909
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	9956
	<b>6a(2)</b>	10348
	<b>6b</b>	40
	<b>6c</b>	3819
	<b>6d</b>	14207
	<b>6e</b>	65
	<b>6f</b>	14272
	<b>6g(1)</b>	12864
<b>6g(2)</b>	13174	
<b>6h</b>	1630	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2F 2G 2J 2K 2T 3H 3D 2U

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input checked="" type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>THE 401(K) SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BERKSHIRE HATHAWAY AUTOMOTIVE INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>47-2124505</b>	

**Part I Service Provider Information (see instructions)**

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

**FIDELITY INVESTMENTS INSTITUTIONAL**

**04-2647786**

**(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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	45900	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MARKSNELSON LLC

48-1238645

(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	ACCOUNTANT/A UDITOR	18600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BARON GROWTH - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BARON GROWTH INST - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
COL SM CAP VAL II I - COLUMBIA MGT 430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105	0.15%	

**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.

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>THE 401(K) SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BERKSHIRE HATHAWAY AUTOMOTIVE INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>47-2124505</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	17854369	17366079
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	10049056	11687997
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	394950312	443227712
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	422853737	472281788
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	422853737	472281788

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3866032	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	41441347	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	3496135	
(2) Noncash contributions.....	<b>2a(2)</b>	0	48803514
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	889974	1684165
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	794191	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1684165
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	12569764
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	12569764	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		12569764
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	0
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	0
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	49045614
<b>c</b> Other income .....	2c	0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	112103057

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	62511921
(2) To insurance carriers for the provision of benefits .....	2e(2)	0
(3) Other .....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	62511921
<b>f</b> Corrective distributions (see instructions) .....	2f	17933
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	79452
<b>h</b> Interest expense .....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	1500
(3) Recordkeeping fees .....	2i(3)	44400
(4) IQPA audit fees .....	2i(4)	18600
(5) Investment advisory and investment management fees .....	2i(5)	0
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	1200
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses .....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	65700
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	62675006

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	49428051
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	0
(2) From this plan .....	2l(2)	0

**Part III Accountant's Opinion**

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

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

(1)  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: MARKS NELSON

(2) EIN: 48-1238645

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		20000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.		X	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>THE 401(K) SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BERKSHIRE HATHAWAY AUTOMOTIVE INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>47-2124505</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> 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): <u>04-6568107</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	

<b>Part II</b>	<b>Funding Information</b> (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.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b		
<b>c</b> 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		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="margin-left: 20px;">THE 401(K) SAVINGS PLAN</span></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p>001</p>
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<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <span style="margin-left: 20px;">BERKSHIRE HATHAWAY AUTOMOTIVE INC.</span></p>	<p><b>D</b> Administrator's EIN <span style="margin-left: 100px;">47-2124505</span></p>
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**Part I** **Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II** **Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CTVT MOTORS, LLC DBA CAMELBACK TOYOTA	86-0607143	3.55	14684483
VAN TUYL GROUP, INC. DBA BERKSHIRE HATHAWAY AUTOMOTIVE	86-0940588	2.88	22299409

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<p><b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?</p>	<p><b>2e</b></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.</p>	<p><b>2f</b></p>	<p>0.0</p>
<p><b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.</p>	<p><b>2g</b></p>	<p>1266233</p>

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
V.T. MOTORS, LLC DBA VAN CHEVROLET GMC	86-0850810	2.82	14615253
FLTVT, LLC DBA SEMINOLE TOYOTA	48-1225754	2.72	8263314
JOE MYERS AUTOMOTIVE, LLC DBA JOE MYERS TOYOTA	76-0183386	2.32	14874256
MIDWAY CHEVROLET COMPANY I, LLC DBA MIDWAY CHEVROLET	86-0202697	2.29	15546628
CREST CADILLAC II, LLC DBA CREST CADILLAC	75-2827245	2.13	15631158
FFBH MOTORS, LLC DBA FRONTIER FORD	47-2478722	2.07	5603127
BFVT MOTORS, LLC DBA GRAPEVINE FORD LINCOLN	26-4753998	1.96	8017430
NPTBH MOTORS, LLC DBA NORTH PARK TOYOTA	81-1369733	1.93	6506621
TODVT, LLC DBA TOYOTA OF DALLAS	86-1014610	1.91	4909362

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KTVT MOTORS, LLC DBA TOYOTA OF DEERFIELD BEACH	27-1102271	1.91	3897067
PFVT MOTORS, LLC DBA PEORIA FORD	20-3759783	1.9	7554991
RICHARDSON AUTOMOTIVE II, LLC DBA TOYOTA OF RICHARDSON	75-2827264	1.89	11765471
CAPITOL CHEVROLET MOTORS, LLC DBA CAPITOL CHEVROLET	87-1880877	1.8	3138964
RELIABLE AUTOMOTIVE, LLC DBA RELIABLE TOYOTA LEXUS	43-1572730	1.8	8861700
HUSKER AUTO GROUP, LLC DBA HUSKER AUTO GROUP	48-1230195	1.79	8146357
JOE MYERS FORD II, LLC DBA JOE MYERS FORD	76-0660241	1.76	9105466
BWNVT MOTORS, LLC DBA SERRAMONTE FORD	20-2019191	1.63	7058852
TXVT, LLC DBA TROPHY NISSAN	86-0871569	1.57	8692804

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TOWN EAST FORD II, LLC DBA TOWN EAST FORD	75-2924848	1.54	6601318
GAFVT MOTORS, LLC DBA GWINNETT PLACE FORD LINCOLN	86-0949028	1.53	5766489
RELIABLE CHEVROLET II (TX), LLC DBA RELIABLE CHEVROLET (TX)	75-2827270	1.53	14782788
GRAND PRAIRIE FORD, LLC DBA GRAND PRAIRIE FORD	90-1134474	1.5	5494670
LUKE MOTOR COMPANY II, LLC DBA VANDERGRIFF HONDA	75-2827238	1.49	5825513
DBVT MOTORS, LLC DBA DELRAY HONDA	26-4443107	1.46	5953036
MVVT MOTORS, LLC DBA SOUTH COUNTY LEXUS AT MISSION VIEJO	27-3520425	1.46	7346735
EVANSVILLE AUTOMOTIVE, LLC DBA KENNY KENT TOYOTA	13-4236289	1.45	7265581
VANDERGRIFF AUTOMOTIVE II, LLC DBA VANDERGRIFF TOYOTA	75-3024222	1.43	4763735

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PNVT MOTORS, LLC DBA PEORIA NISSAN	86-1009290	1.39	6813470
GMVT MOTORS, LLC DBA SEMINOLE CHEVROLET	27-0168543	1.38	4599198
VANDERGRUFF CHEVROLET II, LLC DBA VANDERGRUFF CHEVROLET	75-2827256	1.36	5046294
SHOWCASE MOTORS, LLC DBA SHOWCASE HONDA	20-2020536	1.31	6221196
RELIABLE IMPORTS & MOTORHOMES, LLC DBA RELIABLE IMPORTS	43-1796195	1.3	4493215
CAVT, LLC DBA CERRITOS NISSAN	86-0833438	1.16	6710961
BHVT MOTORS, LLC DBA BELL HONDA	86-0939888	1.14	6280158
GRAPEVINE IMPORTS, LLC DBA TEXAS TOYOTA OF GRAPEVINE	75-2642974	1.12	5444657
BELL ROAD MOTORS, LLC DBA ARROWHEAD CADILLAC	46-1127820	1.11	5042288

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NMVT MOTORS, LLC DBA NISSAN OF MCKINNEY	86-1018010	1.09	4704148
GAWVT MOTORS, LLC DBA MALL OF GEORGIA FORD	91-2167192	1.07	4343438
MPP CO., INC. DBA MPP	48-0882412	1.07	10648758
ABC NISSAN, LLC DBA ABC NISSAN	74-3112441	1.07	4781581
RELIABLE CHEVROLET (MO), LLC DBA RELIABLE CHEVROLET (MO)	43-0898180	1.06	7243872
SSLVT MOTORS, LLC DBA SUPERSTITION SPRINGS LEXUS	45-4198394	1.04	3259011
SHOWCASE AUTOMOTIVE, LLC DBA CAMELBACK VOLKSWAGON SUBARU MAZDA	20-2020605	1.0	5195102
ACVT MOTORS, LLC DBA ACURA OF PEORIA	73-1701637	1.0	4676285
STONEBRIAR CHEVROLET I, LLC DBA STONEBRIAR CHEVROLET	75-2928388	0.99	3968949

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HFWBH MOTORS, LLC DBA HONDA OF FORT WORTH	47-2639983	0.98	3829587
LONE STAR BUICK-GMC II, LLC DBA MCKINNEY BUICK GMC	48-1230035	0.97	2252619
VODVT MOTORS, LLC DBA CREST VOLVO	20-5651029	0.94	3974995
NFVT MOTORS, LLC DBA CREST NISSAN	45-2413507	0.93	2591365
ARTEX AUTOMOTIVE SALES II, LLC DBA VANDERGRIF ACURA	75-2827246	0.92	3571406
RELIABLE CHEVROLET (NM), LLC DBA RELIABLE CHEVROLET (NM)	85-0360254	0.91	3151478
IRVTEX AUTOMOTIVE SALES II, LLC DBA WESTWAY FORD	75-2827242	0.89	3212753
CHVT MOTORS, LLC DBA CAMELBACK HYUNDAI KIA	27-3475637	0.89	2671441
SFVT INVESTORS, LLC DBA SURPRISE FORD	45-2100070	0.88	2350566

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KENNY KENT CHEVROLET CO., LLC DBA KENNY KENT CHEVROLET	35-0815650	0.83	3449335
VANDERGRIFF HYUNDAI II, LLC DBA VANDERGRIFF HYUNDAI	20-3854307	0.8	2850881
VAN CHEVROLET-CADILLAC, LLC DBA VAN CHEVROLET CADILLAC SUBARU	44-0617358	0.75	2102876
MCVT MOTORS, LLC DBA CAMELBACK FORD LINCOLN	26-2170637	0.74	4356727
LVN MOTORS, LLC DBA AIRPARK DODGE CHRYSLER JEEP	86-0907173	0.73	3428339
RELIABLE, LLC DBA RELIABLE NISSAN	85-0379704	0.71	907531
PF AUTOMOTIVE, LLC DBA PROSPER FORD	82-4557680	0.68	791299
METRO AUTO AUCTION, INC. DBA METRO AUTO AUCTION	20-2347995	0.67	2295888
PINNACLE NISSAN, LLC DBA PINNACLE NISSAN	86-0807824	0.66	3253845

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METRO AUTO AUCTION DALLAS, INC. DBA METRO AUTO AUCTION DALLAS	45-4532478	0.63	2267758
MIDWAY HOLDINGS I, LLC DBA MIDWAY NISSAN	86-0850437	0.63	4675393
MILES CHEVROLET, LLC DBA MILES CHEVROLET	37-0981664	0.62	7254603
CREST INFINITI II, LLC, DBA CREST INFINITI	75-2827244	0.54	996666
TOHVT MOTORS, LLC DBA VILLAGE POINTE TOYOTA	27-4898712	0.54	2102861
RVVVT MOTORS, LLC DBA ORLANDO VOLKSWAGEN NORTH	26-3816569	0.51	1611886
GANVT MOTORS, LLC DBA GWINNETT PLACE NISSAN	86-0949025	0.49	2797115
RCJD MOTORS, LLC DBA RICHARDSON CHRYSLER JEEP DODGE	27-2774178	0.47	1015761
VAN HYUNDAI II, LLC DBA VAN HYUNDAI	20-4536566	0.46	1052336

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DMVW MOTORS, LLC DBA ORLANDO VOLKSWAGEN SOUTH	26-1213265	0.44	1300068
GPVN MOTORS, LLC DBA TEXAS NISSAN OF GRAPEVINE	26-0509104	0.39	2852208
ZAK PRODUCTS II, LP DBA ZAK PRODUCTS	05-0547499	0.38	2839385
INFINITI OF SCOTTSDALE, LLC DBA INFINITI OF SCOTTSDALE	86-0661598	0.38	2482187
PIVT MOTORS, LLC DBA INFINITI OF PEORIA	26-0811908	0.34	2601396
JOE MYERS MOTORS-THREE, LLC DBA JOE MYERS MAZDA	76-0295766	0.27	833258
IOC MOTORS, LLC DBA INFINITI ON CAMELBACK	27-1457162	0.26	714278
EVANSVILLE AUTOMOTIVE (LEX), LLC, DBA KENNY KENT LEXUS	13-4236286	0.23	410801
4301 DOSKOCIL, L.P. DBA DFW COLLISION CENTER ARLINGTON	92-1642584	0.2	723695

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CROWN AUTOMOTIVE, LLC DBA CROWN TOYOTA	37-1205269	0.19	566784
RELIABLE MOTORS (AU), LLC, DBA AUDI BMW OF SPRINGFIELD	45-4865766	0.17	376073
316 E DALLAS, L.P., DBA DFW COLLISION CENTER	92-1642381	0.11	244439
CROWN MOTORS, LLC DBA CROWN NISSAN	46-3299318	0.06	131124
FSVT MOTORS, LLC DBA FIAT OF SCOTTSDALE	45-2613080	0.05	418783
1321 MINTERS, L.P., DBA GRAPEVINE COLLISION CENTER	92-1640057	0.05	404250
RICHARDSON AUTOMOTIVE SALES II, LP DBA VOLVO OF RICHARDSON	75-2827262	0.03	1449848
COURTESY CHEVROLET, II LP	76-0698473	0.0	374788
INFINITI OF DENVER	84-1276865	0.0	30771

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ISSAQUAH MOTORS, INC. DBA ISSAQUAH CHEVROLET	86-0946376	0.0	316389
GAPVT MOTORS, INC. DBA MARIETTA PONTIAC	86-0949029	0.0	121715
VAN CHEVROLET II, LP	75-2827258	0.0	247315
THE SMART GROUP, LP DBA THE SMART GROUP	48-1306143	0.0	61151
V.T., INC.	48-0805712	0.0	125843
MBSABH MOTORS, LLC DBA MERCEDES-BENZ OF SOUTH ATLANTA	47-3443043	0.0	1207771
FMAVT MOTORS, LLC DBA SOUTH COUNTY EUROPEAN	46-1058973	0.0	37214
VOP MOTORS, LLC DBA VOLVO OF PHOENIX	45-5146534	0.0	75512
LAKEWOOD RESORT CORPORATION	43-1404910	0.0	194175

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PORT ARROWHEAD MARINA, INC.	43-0951888	0.0	263341
SPECIAL AVIATION UNDERWRITERS LLC	27-0382080	0.0	32863
BWVT MOTORS, INC. DBA CAPISTRANO CHRYSLER DODGE JEEP	20-2019115	0.0	89879
EVANSVILLE AUTOMOTIVE (HYU), LLC DBA KENNY KENT HYUNDAI	20-1894150	0.0	19888
VANDERGRIFF AUTOMOTIVE GROUP	20-0447166	0.0	313609
FASTCORP, LLC	20-3515517	0.0	204288

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID \_\_\_\_\_

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# **The 401(k) Savings Plan**

**Report on Audit of Financial Statements  
For the Years Ended December 31, 2024 and 2023**

**Phone** (816) 743-7700

**Fax** (816) 743-7701

[www.mnadvisors.com](http://www.mnadvisors.com)

# THE 401(k) SAVINGS PLAN

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### SCHEDULES OMITTED

Schedules required by ERISA other than those listed above are omitted because they are either not applicable or the required information is shown in the financial statements or notes thereto.

## ***Independent Auditors' Report***

To the Trustees  
The 401(k) Savings Plan  
Irving, Texas

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

We have performed an audit of the financial statements of The 401(k) Savings 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). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 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 (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### **Opinion**

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

- the amounts and disclosures in the accompanying 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); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution(s) that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's 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 audit. 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.

## **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 within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 of the Financial Statements* 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 auditor's 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 audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2024 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 2024 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 of Assets (Held at End of Year) is presented for purposes of additional analysis and is/are 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 audit 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, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

To the Trustees  
The 401(k) Savings Plan  
Page four

**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 certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

*Marks Nelson LLC*

Overland Park, Kansas  
September 2, 2025

**THE 401(k) SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

AS OF DECEMBER 31, 2024 AND 2023

	2024	2023
<b>ASSETS:</b>		
Investments, at fair value		
Mutual funds	\$ 460,593,791	\$ 412,804,681
Total Investments	460,593,791	412,804,681
<b>RECEIVABLES:</b>		
Employer contributions	3,787,840	3,866,086
Employee contributions	147,905	147,366
Note receivable from participants	11,687,997	10,049,056
Total Receivables	15,623,742	14,062,508
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 476,217,533</b>	<b>\$ 426,867,189</b>

The accompanying notes are an integral part of these statements.

**THE 401(k) SAVINGS PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

Participant contributions	\$	41,441,886
Rollover contributions		3,496,135
Employer contributions		3,787,787
Interest and dividend income		13,459,713
Net appreciation in fair value of investments in mutual funds		49,045,637
Interest income on notes receivable from participants		<u>794,191</u>
Total additions		112,025,349
Deductions from net assets attributed to:		
Benefits paid to participants		62,609,305
Administrative expenses		<u>65,700</u>
Total deductions		<u>62,675,005</u>
Net increase		49,350,344
Net assets available for benefits:		
Beginning of period		<u>426,867,189</u>
End of period	\$	<u><u>476,217,533</u></u>

The accompanying notes are an integral part of these statements.

**THE 401(k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2024

1. Description of the Plan:

The following description of The 401(k) Savings Plan (the Plan), provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

A. General: The Plan, established January 1, 1994, is a defined contribution plan formed for the eligible employees of the Berkshire Hathaway Automotive Inc. and certain of its affiliates (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is in the process of adopting formal amendments but has already implemented and made effective some changes as allowed by the CARES Act including related rules on in-service distributions and participant loans. The amendment is expected to be prepared at a later date.

B. Eligibility: All non-union employees of the Company are eligible to participate in the Plan beginning on their first day of employment.

C. Funding:

1. *Employee Salary Deferral Contributions*: Non-Highly Compensated Participating employees may voluntarily elect to contribute up to 75% of their compensation through salary deferrals. Highly Compensated Participating employees may voluntarily elect to contribute up to 25% of their compensation through salary deferrals.

2. *Company Discretionary Matching Contributions*: The Company may elect to make a discretionary matching contribution equal to a percentage of each participant's salary deferral contribution. Only participants who are actively employed by the Company on the last day of the plan year are eligible.

During 2024 and 2023, the Company made discretionary matching contributions to the Plan of \$3,787,787 and \$3,886,036 respectively.

D. Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution and (b) Plan earnings.

E. Vesting: Participants are immediately 100% vested (non-forfeitable) in their voluntary contributions plus allocated earnings thereon. Participants become vested in the employer contributions as follows:

<u>Years of Service</u>	<u>Vested (and Non-forfeitable) Percentage of Employer Contributions</u>
1	20%
2	40%
3	60%
4	80%
5	100%

**THE 401(k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2024

1. Description of the Plan (Continued):

- F. Forfeited Accounts: At December 31, 2024 and 2023 forfeited non-vested accounts totaled \$1,050,623 and \$873,436, respectively. These accounts will be used to offset administrative expenses incurred by the plan and then to reduce future employer contributions. For the year ended December 31, 2024, there were no forfeitures used to pay Plan expenses and employer contributions were reduced by \$411,021 from forfeited non-vested accounts.
- G. Note Receivable from Participants: Under certain circumstances, participants may borrow from their account balances. The minimum amount of a loan is \$1,000 and the maximum amount may not exceed the lesser of \$50,000 or 50% of their vested account balance. The participant's vested account balance is used as collateral for the loan. The loans bear interest at 1% over the prime rate fixed at the date of the loan. All loans must be repaid over a period of one to five years unless it is for the purchase of a principal residence, in which case, the loan may be repaid over a ten-year period.
- H. Administrative Expenses: Administrative expenses that are paid by the Plan consist of fees charged by the Plan's trustee.
- I. Amendment and Termination: Although the Company intends to continue the Plan indefinitely, it reserves the right to amend or terminate the Plan at any time subject to the provisions of ERISA. If the Plan is terminated, participants will automatically be fully vested in their accounts regardless of year of service.

2. Significant Accounting Policies:

- A. Basis of Accounting: The Plan's financial statements are maintained on the accrual basis of accounting, and are presented in accordance with generally accepted accounting principles.
- B. Management's Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
- C. Risks and Uncertainties: The Plan provides for various investment options. 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and such changes could materially affect participant's account balances and the amounts reported in the statement of net assets available for benefits.

**THE 401(k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2024

2. Significant Accounting Policies (Continued):

- D. Investment Valuation and Income Recognition: The Plan's investments are stated 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. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) in fair value of investments in mutual funds consists of realized gains or losses and the unrealized appreciation (depreciation) on those investments.
- E. Note Receivable from Participants: Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. Since the notes receivable from participants are secured, management has determined that there is minimal risk and therefore no allowance for doubtful accounts is recorded.
- F. Contributions Receivable and Allowance for Credit Losses: Contribution receivables are reduced by an estimate made for an allowance for credit losses. The Plan is exposed to credit losses resulting from the inability of the Plan Sponsor to make the required payments. The Plan establishes an allowance for these potential credit losses based on its review of historical loss statistics, current business conditions and macro-economic trends. The Plan applies credit loss estimates to the contribution receivables to determine expected credit losses. The allowance for credit losses was not considered material at December 31, 2024.
- G. Subsequent Events: Subsequent events have been evaluated up to September 2, 2025, the date these financial statements were available to be issued.

3. Federal Income Tax Status:

The volume submitter plan document obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. The plan's open audit periods are 2021 and forward.

4. Unaudited Information Certified by the Plan Trustee:

The information for Plan investments and related transactions that is in the accompanying financial statements and supplementary schedule has been certified as complete and accurate by the trustee, Fidelity Management Trust Company, in accordance with 29CFR 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

**THE 401(k) SAVINGS PLAN**  
NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

5. Investments:

The trustee of the Plan is Fidelity Management Trust Company. The custodian holds the Plan's investment assets and executes investment transactions. Participants may elect any combination of the following mutual fund investments: (1) Fidelity Government Money Market Fund Premium Class, (2) Fidelity Contrafund K6, (3) Fidelity Diversified International K6 Fund, (4) Fidelity Puritan K6 Fund, (5) Fidelity 500 Index Fund (6) Fidelity Freedom Income Fund Class K, (7) Fidelity Freedom 2010 Fund Class K, (8) Fidelity Freedom 2015 Fund Class K, (9) Fidelity Freedom 2020 Fund Class K, (10) Fidelity Freedom 2025 Fund Class K, (11) Fidelity Freedom 2030 Fund Class K, (12) Fidelity Freedom 2035 Fund Class K, (13) Fidelity Freedom 2040 Fund Class K, (14) Fidelity Freedom 2045 Fund Class K, (15) Fidelity Freedom 2050 Fund Class K, (16) Fidelity Freedom 2055 Fund Class K, (17) Fidelity Freedom 2060 Fund Class K, (18) Fidelity Freedom 2065 Fund Class K, (19) Fidelity Freedom 2070 Fund Class K, (20) Fidelity Government Income Fund, (21) Fidelity Low-Priced Stock Fund Class K6, (22) Baron Growth Fund Institutional Shares, (23) JPMorgan Equity Income Fund Class R6, (24) Columbia Small CapValue II Institutional Class (25) Fidelity Total Bond K6 Fund, (26) Vanguard Total International Stock Index Fund Admiral Shares, (27) Fidelity Extended Market Index Fund,. The participants' accounts are credited with the interest, dividends, and earnings of the funds. The investments of the Plan are not supported by any collateral or other security.

6. Fair Value Measurement:

Fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date. Level 1 assets include stock.

Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 assets include bond mutual funds and money market funds.

Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

**THE 401(k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2024

6. Fair Value Measurement (Continued):

The following table presents assets and liabilities that are measured at fair value on a recurring basis (including items that are required to be measured at fair value and items for which the fair value option has been elected) at December 31, 2024 and 2023:

	<b>December 31, 2024</b>	<b>(Level 1)</b>	<b>(Level 2)</b>	<b>(Level 3)</b>
Stock mutual funds	\$ 433,393,851	\$ 433,393,851	\$ -	\$ -
Bond mutual funds	9,833,861	-	9,833,861	-
Money market funds	17,366,079	-	17,366,079	-
Total	<u>\$ 460,593,791</u>	<u>\$ 433,393,851</u>	<u>\$ 27,199,940</u>	<u>\$ -</u>
	<b>December 31, 2023</b>	<b>(Level 1)</b>	<b>(Level 2)</b>	
Stock mutual funds	\$ 385,524,389	\$ 385,524,389	\$ -	\$ -
Bond mutual funds	9,425,923	-	9,425,923	-
Money market funds	17,854,369	-	17,854,369	-
Total	<u>\$ 412,804,681</u>	<u>\$ 385,524,389</u>	<u>\$ 27,280,292</u>	<u>\$ -</u>

7. Transactions with Parties-in-Interest:

The Company pays certain administrative costs and provides certain accounting and administrative services to the Plan for which no fees are charged.

Most of the Plan assets are shares of mutual funds managed by Fidelity Investments, an affiliate of the trustee. Accordingly, all transactions involving the Fidelity Investments mutual funds qualify as party-in-interest transactions.

**THE 401(k) SAVINGS PLAN**  
NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

8. Reconciliation of Financial Statements to Schedule H of Form 5500:

The following is a reconciliation of losses on investments per the financial statements to Schedule H of Form 5500 as of December 31:

	<u>2024</u>
Interest and dividend income per financial statements	\$ 13,459,713
Interest income on notes receivable from participants per financial statements	794,191
Net appreciation in fair value of investments in mutual funds per financial statements	<u>49,045,637</u>
Gains on investments per financial statements	\$ <u>63,299,541</u>
Interest income per Form 5500	\$ 1,684,165
Dividend income per Form 5500	12,569,764
Net investment gain from registered investment companies (mutual funds) per Form 5500	<u>49,045,614</u>
Gains on investments per Form 5500	\$ <u>63,299,543</u>

The following is a reconciliation of net assets available for benefit per the financial statements to Schedule H of Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 476,217,533	\$ 426,867,189
Less:		
Contribution receivable not included on 5500	<u>(3,935,745)</u>	<u>(4,013,452)</u>
Net Assets per Form 5500	\$ <u>472,281,788</u>	\$ <u>422,853,737</u>

The following is a reconciliation of total net decrease per the financial statements to Schedule H of Form 5500 as of December 31:

	<u>2024</u>
Net increase per the financial statements	\$ 49,350,344
Less:	
Contribution receivable not included on 5500 at December 31, 2024	(3,935,745)
Contribution receivable not included on 5500 at December 31, 2023	<u>4,013,452</u>
Net income per Form 5500	\$ <u>49,428,051</u>

**THE 401(k) SAVINGS PLAN**  
FEIN: 47-2124505 PLAN NUMBER:001  
FORM 5500, SCHEDULE H, LINE 4i;  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2024

(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
Fidelity Investments	Government Money Market Fund Premium	n	\$ 17,366,079
Fidelity Investments	Contrafund K6	n	77,861,029
Fidelity Investments	Diversified International K6 Fund	n	9,280,055
Fidelity Investments	Puritan K6 Fund	n	7,144,486
Fidelity Investments	500 Index Fund	n	35,641,252
Fidelity Investments	Freedom Income Fund Class K	n	2,041,721
Fidelity Investments	Freedom 2010 Fund Class K	n	1,246,010
Fidelity Investments	Freedom 2015 Fund Class K	n	3,476,708
Fidelity Investments	Freedom 2020 Fund Class K	n	9,098,003
Fidelity Investments	Freedom 2025 Fund Class K	n	23,768,694
Fidelity Investments	Freedom 2030 Fund Class K	n	38,730,315
Fidelity Investments	Freedom 2035 Fund Class K	n	36,584,480
Fidelity Investments	Freedom 2040 Fund Class K	n	35,628,057
Fidelity Investments	Freedom 2045 Fund Class K	n	34,345,827
Fidelity Investments	Freedom 2050 Fund Class K	n	30,447,235
Fidelity Investments	Freedom 2055 Fund Class K	n	26,714,873
Fidelity Investments	Freedom 2060 Fund Class K	n	25,815,984
Fidelity Investments	Freedom 2065 Fund Class K	n	1,610,676
Fidelity Investments	Freedom 2070 Fund Class K	n	768
Fidelity Investments	Government Income Fund	n	2,574,308
Fidelity Investments	Low-Priced Stock Fund Class K6	n	7,919,602
Fidelity Investments	Total Bond K6 Fund	n	7,259,552
Fidelity Investments	Extended Market Index Fund	n	4,006,808
Baron Funds	Growth Fund Institutional Shares	n	12,360,087
JP Morgan	Equity Income Fund Class R6	n	4,937,034
Columbia	Small Cap Value II Institutional Class	n	2,636,216
Vanguard Funds	Total Internatl Stock Index Fund Admiral	n	2,097,932

See independent auditors' report.

**THE 401(k) SAVINGS PLAN**  
 FEIN: 47-2124505 PLAN NUMBER:001  
 FORM 5500, SCHEDULE H, LINE 4i;  
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 AS OF DECEMBER 31, 2024

(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
*	Participant Loans  Interest ranging from 4.25% to 9.50%; maturity dates through October 2034	-0-	\$ <u>11,687,997</u>
Total investments			\$ <u>472,281.788</u>

\* Represents a party-in-interest

n Cost not reflected for participant directed investment

See independent auditors' report.



# **The 401(k) Savings Plan**

**Report on Audit of Financial Statements  
For the Years Ended December 31, 2024 and 2023**

**Phone** (816) 743-7700

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# THE 401(k) SAVINGS PLAN

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### SCHEDULES OMITTED

Schedules required by ERISA other than those listed above are omitted because they are either not applicable or the required information is shown in the financial statements or notes thereto.

## ***Independent Auditors' Report***

To the Trustees  
The 401(k) Savings Plan  
Irving, Texas

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

We have performed an audit of the financial statements of The 401(k) Savings 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). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 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 (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### **Opinion**

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

- the amounts and disclosures in the accompanying 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); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution(s) that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's 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 audit. 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.

## **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 within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 of the Financial Statements* 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 auditor's 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 audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2024 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 2024 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 of Assets (Held at End of Year) is presented for purposes of additional analysis and is/are 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 audit 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, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

To the Trustees  
The 401(k) Savings Plan  
Page four

**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 certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

*Marks Nelson LLC*

Overland Park, Kansas  
September 2, 2025

**THE 401(k) SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

AS OF DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<b>ASSETS:</b>		
Investments, at fair value		
Mutual funds	\$ <u>460,593,791</u>	\$ <u>412,804,681</u>
Total Investments	460,593,791	412,804,681
<b>RECEIVABLES:</b>		
Employer contributions	3,787,840	3,866,086
Employee contributions	147,905	147,366
Note receivable from participants	<u>11,687,997</u>	<u>10,049,056</u>
Total Receivables	<u>15,623,742</u>	<u>14,062,508</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ <u><u>476,217,533</u></u></b>	<b>\$ <u><u>426,867,189</u></u></b>

The accompanying notes are an integral part of these statements.

**THE 401(k) SAVINGS PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

Participant contributions	\$	41,441,886
Rollover contributions		3,496,135
Employer contributions		3,787,787
Interest and dividend income		13,459,713
Net appreciation in fair value of investments in mutual funds		49,045,637
Interest income on notes receivable from participants		<u>794,191</u>
Total additions		112,025,349
Deductions from net assets attributed to:		
Benefits paid to participants		62,609,305
Administrative expenses		<u>65,700</u>
Total deductions		<u>62,675,005</u>
Net increase		49,350,344
Net assets available for benefits:		
Beginning of period		<u>426,867,189</u>
End of period	\$	<u><u>476,217,533</u></u>

The accompanying notes are an integral part of these statements.

**THE 401(k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2024

1. Description of the Plan:

The following description of The 401(k) Savings Plan (the Plan), provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

A. General: The Plan, established January 1, 1994, is a defined contribution plan formed for the eligible employees of the Berkshire Hathaway Automotive Inc. and certain of its affiliates (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is in the process of adopting formal amendments but has already implemented and made effective some changes as allowed by the CARES Act including related rules on in-service distributions and participant loans. The amendment is expected to be prepared at a later date.

B. Eligibility: All non-union employees of the Company are eligible to participate in the Plan beginning on their first day of employment.

C. Funding:

1. *Employee Salary Deferral Contributions*: Non-Highly Compensated Participating employees may voluntarily elect to contribute up to 75% of their compensation through salary deferrals. Highly Compensated Participating employees may voluntarily elect to contribute up to 25% of their compensation through salary deferrals.

2. *Company Discretionary Matching Contributions*: The Company may elect to make a discretionary matching contribution equal to a percentage of each participant's salary deferral contribution. Only participants who are actively employed by the Company on the last day of the plan year are eligible.

During 2024 and 2023, the Company made discretionary matching contributions to the Plan of \$3,787,787 and \$3,886,036 respectively.

D. Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution and (b) Plan earnings.

E. Vesting: Participants are immediately 100% vested (non-forfeitable) in their voluntary contributions plus allocated earnings thereon. Participants become vested in the employer contributions as follows:

<u>Years of Service</u>	<u>Vested (and Non-forfeitable) Percentage of Employer Contributions</u>
1	20%
2	40%
3	60%
4	80%
5	100%

**THE 401(k) SAVINGS PLAN**  
NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

1. Description of the Plan (Continued):

- F. Forfeited Accounts: At December 31, 2024 and 2023 forfeited non-vested accounts totaled \$1,050,623 and \$873,436, respectively. These accounts will be used to offset administrative expenses incurred by the plan and then to reduce future employer contributions. For the year ended December 31, 2024, there were no forfeitures used to pay Plan expenses and employer contributions were reduced by \$411,021 from forfeited non-vested accounts.
- G. Note Receivable from Participants: Under certain circumstances, participants may borrow from their account balances. The minimum amount of a loan is \$1,000 and the maximum amount may not exceed the lesser of \$50,000 or 50% of their vested account balance. The participant's vested account balance is used as collateral for the loan. The loans bear interest at 1% over the prime rate fixed at the date of the loan. All loans must be repaid over a period of one to five years unless it is for the purchase of a principal residence, in which case, the loan may be repaid over a ten-year period.
- H. Administrative Expenses: Administrative expenses that are paid by the Plan consist of fees charged by the Plan's trustee.
- I. Amendment and Termination: Although the Company intends to continue the Plan indefinitely, it reserves the right to amend or terminate the Plan at any time subject to the provisions of ERISA. If the Plan is terminated, participants will automatically be fully vested in their accounts regardless of year of service.

2. Significant Accounting Policies:

- A. Basis of Accounting: The Plan's financial statements are maintained on the accrual basis of accounting, and are presented in accordance with generally accepted accounting principles.
- B. Management's Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
- C. Risks and Uncertainties: The Plan provides for various investment options. 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and such changes could materially affect participant's account balances and the amounts reported in the statement of net assets available for benefits.

**THE 401(k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2024

2. Significant Accounting Policies (Continued):

- D. Investment Valuation and Income Recognition: The Plan's investments are stated 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. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) in fair value of investments in mutual funds consists of realized gains or losses and the unrealized appreciation (depreciation) on those investments.
- E. Note Receivable from Participants: Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. Since the notes receivable from participants are secured, management has determined that there is minimal risk and therefore no allowance for doubtful accounts is recorded.
- F. Contributions Receivable and Allowance for Credit Losses: Contribution receivables are reduced by an estimate made for an allowance for credit losses. The Plan is exposed to credit losses resulting from the inability of the Plan Sponsor to make the required payments. The Plan establishes an allowance for these potential credit losses based on its review of historical loss statistics, current business conditions and macro-economic trends. The Plan applies credit loss estimates to the contribution receivables to determine expected credit losses. The allowance for credit losses was not considered material at December 31, 2024.
- G. Subsequent Events: Subsequent events have been evaluated up to September 2, 2025, the date these financial statements were available to be issued.

3. Federal Income Tax Status:

The volume submitter plan document obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. The plan's open audit periods are 2021 and forward.

4. Unaudited Information Certified by the Plan Trustee:

The information for Plan investments and related transactions that is in the accompanying financial statements and supplementary schedule has been certified as complete and accurate by the trustee, Fidelity Management Trust Company, in accordance with 29CFR 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

**THE 401(k) SAVINGS PLAN**  
NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

5. Investments:

The trustee of the Plan is Fidelity Management Trust Company. The custodian holds the Plan's investment assets and executes investment transactions. Participants may elect any combination of the following mutual fund investments: (1) Fidelity Government Money Market Fund Premium Class, (2) Fidelity Contrafund K6, (3) Fidelity Diversified International K6 Fund, (4) Fidelity Puritan K6 Fund, (5) Fidelity 500 Index Fund (6) Fidelity Freedom Income Fund Class K, (7) Fidelity Freedom 2010 Fund Class K, (8) Fidelity Freedom 2015 Fund Class K, (9) Fidelity Freedom 2020 Fund Class K, (10) Fidelity Freedom 2025 Fund Class K, (11) Fidelity Freedom 2030 Fund Class K, (12) Fidelity Freedom 2035 Fund Class K, (13) Fidelity Freedom 2040 Fund Class K, (14) Fidelity Freedom 2045 Fund Class K, (15) Fidelity Freedom 2050 Fund Class K, (16) Fidelity Freedom 2055 Fund Class K, (17) Fidelity Freedom 2060 Fund Class K, (18) Fidelity Freedom 2065 Fund Class K, (19) Fidelity Freedom 2070 Fund Class K, (20) Fidelity Government Income Fund, (21) Fidelity Low-Priced Stock Fund Class K6, (22) Baron Growth Fund Institutional Shares, (23) JPMorgan Equity Income Fund Class R6, (24) Columbia Small CapValue II Institutional Class (25) Fidelity Total Bond K6 Fund, (26) Vanguard Total International Stock Index Fund Admiral Shares, (27) Fidelity Extended Market Index Fund,. The participants' accounts are credited with the interest, dividends, and earnings of the funds. The investments of the Plan are not supported by any collateral or other security.

6. Fair Value Measurement:

Fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date. Level 1 assets include stock.

Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 assets include bond mutual funds and money market funds.

Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

**THE 401(k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2024

6. Fair Value Measurement (Continued):

The following table presents assets and liabilities that are measured at fair value on a recurring basis (including items that are required to be measured at fair value and items for which the fair value option has been elected) at December 31, 2024 and 2023:

	<b>December 31, 2024</b>	<b>(Level 1)</b>	<b>(Level 2)</b>	<b>(Level 3)</b>
Stock mutual funds	\$ 433,393,851	\$ 433,393,851	\$ -	\$ -
Bond mutual funds	9,833,861	-	9,833,861	-
Money market funds	17,366,079	-	17,366,079	-
Total	<u>\$ 460,593,791</u>	<u>\$ 433,393,851</u>	<u>\$ 27,199,940</u>	<u>\$ -</u>
	<b>December 31, 2023</b>	<b>(Level 1)</b>	<b>(Level 2)</b>	
Stock mutual funds	\$ 385,524,389	\$ 385,524,389	\$ -	\$ -
Bond mutual funds	9,425,923	-	9,425,923	-
Money market funds	17,854,369	-	17,854,369	-
Total	<u>\$ 412,804,681</u>	<u>\$ 385,524,389</u>	<u>\$ 27,280,292</u>	<u>\$ -</u>

7. Transactions with Parties-in-Interest:

The Company pays certain administrative costs and provides certain accounting and administrative services to the Plan for which no fees are charged.

Most of the Plan assets are shares of mutual funds managed by Fidelity Investments, an affiliate of the trustee. Accordingly, all transactions involving the Fidelity Investments mutual funds qualify as party-in-interest transactions.

**THE 401(k) SAVINGS PLAN**  
NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

8. Reconciliation of Financial Statements to Schedule H of Form 5500:

The following is a reconciliation of losses on investments per the financial statements to Schedule H of Form 5500 as of December 31:

	<u>2024</u>
Interest and dividend income per financial statements	\$ 13,459,713
Interest income on notes receivable from participants per financial statements	794,191
Net appreciation in fair value of investments in mutual funds per financial statements	<u>49,045,637</u>
Gains on investments per financial statements	\$ <u>63,299,541</u>
Interest income per Form 5500	\$ 1,684,165
Dividend income per Form 5500	12,569,764
Net investment gain from registered investment companies (mutual funds) per Form 5500	<u>49,045,614</u>
Gains on investments per Form 5500	\$ <u>63,299,543</u>

The following is a reconciliation of net assets available for benefit per the financial statements to Schedule H of Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 476,217,533	\$ 426,867,189
Less:		
Contribution receivable not included on 5500	<u>(3,935,745)</u>	<u>(4,013,452)</u>
Net Assets per Form 5500	\$ <u>472,281,788</u>	\$ <u>422,853,737</u>

The following is a reconciliation of total net decrease per the financial statements to Schedule H of Form 5500 as of December 31:

	<u>2024</u>
Net increase per the financial statements	\$ 49,350,344
Less:	
Contribution receivable not included on 5500 at December 31, 2024	(3,935,745)
Contribution receivable not included on 5500 at December 31, 2023	<u>4,013,452</u>
Net income per Form 5500	\$ <u>49,428,051</u>

**THE 401(k) SAVINGS PLAN**  
FEIN: 47-2124505 PLAN NUMBER:001  
FORM 5500, SCHEDULE H, LINE 4i;  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2024

(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
Fidelity Investments	Government Money Market Fund Premium	n	\$ 17,366,079
Fidelity Investments	Contrafund K6	n	77,861,029
Fidelity Investments	Diversified International K6 Fund	n	9,280,055
Fidelity Investments	Puritan K6 Fund	n	7,144,486
Fidelity Investments	500 Index Fund	n	35,641,252
Fidelity Investments	Freedom Income Fund Class K	n	2,041,721
Fidelity Investments	Freedom 2010 Fund Class K	n	1,246,010
Fidelity Investments	Freedom 2015 Fund Class K	n	3,476,708
Fidelity Investments	Freedom 2020 Fund Class K	n	9,098,003
Fidelity Investments	Freedom 2025 Fund Class K	n	23,768,694
Fidelity Investments	Freedom 2030 Fund Class K	n	38,730,315
Fidelity Investments	Freedom 2035 Fund Class K	n	36,584,480
Fidelity Investments	Freedom 2040 Fund Class K	n	35,628,057
Fidelity Investments	Freedom 2045 Fund Class K	n	34,345,827
Fidelity Investments	Freedom 2050 Fund Class K	n	30,447,235
Fidelity Investments	Freedom 2055 Fund Class K	n	26,714,873
Fidelity Investments	Freedom 2060 Fund Class K	n	25,815,984
Fidelity Investments	Freedom 2065 Fund Class K	n	1,610,676
Fidelity Investments	Freedom 2070 Fund Class K	n	768
Fidelity Investments	Government Income Fund	n	2,574,308
Fidelity Investments	Low-Priced Stock Fund Class K6	n	7,919,602
Fidelity Investments	Total Bond K6 Fund	n	7,259,552
Fidelity Investments	Extended Market Index Fund	n	4,006,808
Baron Funds	Growth Fund Institutional Shares	n	12,360,087
JP Morgan	Equity Income Fund Class R6	n	4,937,034
Columbia	Small Cap Value II Institutional Class	n	2,636,216
Vanguard Funds	Total Internatl Stock Index Fund Admiral	n	2,097,932

See independent auditors' report.

**THE 401(k) SAVINGS PLAN**  
 FEIN: 47-2124505 PLAN NUMBER:001  
 FORM 5500, SCHEDULE H, LINE 4i;  
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 AS OF DECEMBER 31, 2024

(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
*	Participant Loans  Interest ranging from 4.25% to 9.50%; maturity dates through October 2034	-0-	\$ <u>11,687,997</u>
Total investments			\$ <u>472,281.788</u>

\* Represents a party-in-interest

n Cost not reflected for participant directed investment

See independent auditors' report.