Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 12/26/2011 and ending 12/30/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CHARLES RIVER LABORATORIES, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 11/01/1979

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

CHARLES RIVER LABORATORIES, INC.

251 BALLARDVALE ST
WILMINGTON, MA 01887-1096

2b Employer Identification Number (EIN) 76-0509980

2c Sponsor's telephone number 978-658-6000

2d Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2013	SUSAN BLANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2013	SUSAN BLANE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
CHARLES RIVER LABORATORIES, INC. INVESTMENT COMMITTEE

251 BALLARDVALE ST
WILMINGTON, MA 01887-1096

3b Administrator's EIN
76-0509980

3c Administrator's telephone number
978-658-6000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1655
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	706
b	Retired or separated participants receiving benefits	**6b**	318
c	Other retired or separated participants entitled to future benefits	**6c**	574
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1598
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	42
f	Total. Add lines **6d** and **6e**	**6f**	1640
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 1I 3H

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 12/26/2011 and ending 12/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CHARLES RIVER LABORATORIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CHARLES RIVER LABORATORIES, INC.

D Employer Identification Number (EIN)
76-0509980

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 12 Day 26 Year 2011			
2	Assets:			
a	Market value	**2a**		45557015
b	Actuarial value	**2b**		45557015
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	323	19530265
b	For terminated vested participants	**3b**	599	15220976
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		186261
	(2) Vested benefits	**3c(2)**		22008032
	(3) Total active	**3c(3)**	733	22194293
d	Total	**3d**	1655	56945534
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		5.69 %
6	Target normal cost	**6**		250000

Statement by Enrolled Actuary

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

SIGN HERE

	10/04/2013
Signature of actuary	Date
MICHAEL A. HLUSKA	11-05366
Type or print name of actuary	Most recent enrollment number
TOWERS WATSON DELAWARE INC.	617-638-3700
Firm name	Telephone number (including area code)
800 BOYLSTON STREET PRUDENTIAL TOWER BOSTON, MA 02199-8103	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 6.12%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		2737052
b	Interest on (a) using prior year's effective rate of 6.42 % except as otherwise provided (see instructions)		175719
c	Total available at beginning of current plan year to add to prefunding balance		2912771
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/05/2012	431000				
07/09/2012	431000				
10/09/2012	431000				
01/09/2013	431000				
09/03/2013	805000				
			Totals ► 18(b)	2529000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2396576

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.11%	5.31%	6.32 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	250000
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	11388519	2143292
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2393292

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2393292
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2396576

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	3284
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 12/26/2011 and ending 12/30/2012

A Name of plan
CHARLES RIVER LABORATORIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CHARLES RIVER LABORATORIES, INC.

D Employer Identification Number (EIN)
76-0509980

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).. . . . . [X] 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

LAZARD ASSET MANAGEMENT LLC

05-0530199

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

THE VANGUARD GROUP, INC.

23-1945930

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

HEARTLAND FUNDS

39-1767601

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

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

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

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

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

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

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

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

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

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

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

TOWERS WATSON DELAWARE INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	108250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

YANNI PARTNERS

25-1590035

(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?
27 28	NONE	55500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25	TRUSTEE	28046	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 12/26/2011 and ending 12/30/2012

A Name of plan
CHARLES RIVER LABORATORIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CHARLES RIVER LABORATORIES, INC.

D Employer Identification Number (EIN)
76-0509980

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3787000	1236000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	176526	56676
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	283111	373685
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	41527727	50161926
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	45774364	51828287
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	11700	4050
k Total liabilities (add all amounts in lines 1g through1j)	1k	11700	4050
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	45762664	51824237

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2529000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2529000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	71	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		71
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1447711	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1447711
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5890751	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5878535	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		12216

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4353422
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		8342420
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1951060	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1951060
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)	108250	
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	55500	
	(4) Other	2i(4)	166037	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		329787
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2280847
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		6061573
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

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

(1) Name: PRICEWATERHOUSE COOPERS LLP **(2)** EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 12/26/2011 and ending 12/30/2012

A Name of plan
CHARLES RIVER LABORATORIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CHARLES RIVER LABORATORIES, INC.

D Employer Identification Number (EIN)
76-0509980

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 6

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 64% Investment-Grade Debt: 35% High-Yield Debt: _____% Real Estate: _____% Other: 1%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

pwc

Independent Auditor's Report

To the Participants and Administrator of
The Charles River Laboratories, Inc. Pension Plan:

We have audited the accompanying financial statements of The Charles River Laboratories, Inc. Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012, December 30, 2012 and December 25, 2011, and the related statements of changes in net assets available for benefits for the years then ended and the statements of accumulated plan benefits as of December 30, 2012 and December 25, 2011 and the related statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

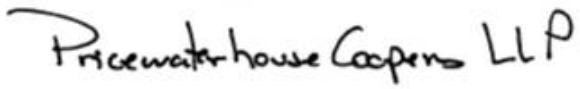
Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2012, December 30, 2012, and December 25, 2011 and changes therein for the years then ended and its financial status as of December 30, 2012 and December 25, 2011, and changes therein for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at Year End) at December 31, 2012 and December 30, 2012 and of Reportable Transactions for the Year Ended December 30, 2012 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements

and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Boston, MA
September 18, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Charles River Laboratories, Inc
EIN/PN	76-0509980/003
Plan Name	Charles River Laboratories, Inc. Pension Plan
Valuation Date	December 26, 2011
Enrolled Actuary	Michael A. Hluska
Enrollment Number	11-05366

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 12/26/2011 and ending 12/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

CHARLES RIVER LABORATORIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

CHARLES RIVER LABORATORIES, INC.

D Employer Identification Number (EIN)

76-0509980

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 26 Year 2011

2 Assets:

a	Market value	2a	45,557,015
b	Actuarial value	2b	45,557,015

3 Funding target/participant count breakdown:

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	323	19,530,265
b	For terminated vested participants	3b	599	15,220,976
c	For active participants:			
	(1) Non-vested benefits	3c(1)		186,261
	(2) Vested benefits	3c(2)		22,008,032
	(3) Total active	3c(3)	733	22,194,293
d	Total	3d	1,655	56,945,534

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5	Effective interest rate	5	5.69 %
6	Target normal cost	6	250,000

Statement by Enrolled Actuary

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

SIGN HERE Michael A. Hluska M.A.H. 10/4/2013

Signature of actuary — Date

Michael A. Hluska — 11-05366

Type or print name of actuary — Most recent enrollment number

Towers Watson Delaware Inc. — (617) 638-3700

Firm name — Telephone number (including area code)

800 Boylston Street
Prudential Tower
Boston MA 02199-8103

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 6.12 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		2,737,052
	b Interest on (a) using prior year's effective rate of 6.42 % except as otherwise provided (see instructions)		175,719
	c Total available at beginning of current plan year to add to prefunding balance		2,912,771
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/05/2012	431,000				
07/09/2012	431,000				
10/09/2012	431,000				
01/09/2013	431,000				
09/03/2013	805,000				
			Totals • 18(b)	2,529,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,396,576

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.11 %	5.31 %	6.32 %	☐ N/A, full yield curve used

b Applicable month (enter code) — 21b: 4

22 Weighted average retirement age — 22: 63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — 27:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years — 28:

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) — 29:

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) — 30: 0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6) — 31a: 250,000

b Excess assets, if applicable, but not greater than 31a — 31b: 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	11,388,519	2,143,292
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — 33: 0

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — 34: 2,393,292

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

36 Additional cash requirement (line 34 minus line 35) — 36: 2,393,292

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) — 37: 2,396,576

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) — 38a: 3,284

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances — 38b: 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) — 39: 0

40 Unpaid minimum required contributions for all years — 40: 0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment — 42: 0

43 Excess installment acceleration amount to be carried over to future plan years — 43: 0

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of December 26, 2011

See Schedule SB, Part V – Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Interest rate basis

- Applicable month: August
- Yield curve basis: 3 Segment Rates

Interest rates

- First segment rate: 2.11%
- Second segment rate: 5.31%
- Third segment rate: 6.32%
- Effective interest rate: 5.69%

Assumed cost of living adjustments

None.

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Administrative expenses

The amount included this year for plan-related expenses is $250,000.

Mortality

For all participants: The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

SCHEDULE SB ATTACHMENTS

Disabled mortality

None.

Retirement

Percentage leaving during the year			
Age	**< 6 years**	**6, but < 10 years**	**10+ years**
55	17.00%	12.00%	5.55%
56	17.00%	12.00%	5.38%
57	17.00%	12.00%	5.21%
58	17.00%	12.00%	5.03%
59	17.00%	12.00%	4.86%
60	17.00%	12.00%	4.69%
61	17.00%	12.00%	4.52%
62	17.00%	12.00%	4.34%
63	17.00%	12.00%	4.17%
64	17.00%	12.00%	4.00%
65	100.00%	100.00%	100.00%

Disability rates (per 100 employees)

None.

Compensation increases

Not applicable as the plan is frozen.

Future increases in social security

Not applicable as the plan is frozen.

Future increases in maximum benefits limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. No provision is made for future increases in the maximum annual benefit or compensation limit.

SCHEDULE SB ATTACHMENTS

Representative termination rates (per 100 employees) not due to disability, retirement or mortality

Select rates are based on age at hire and years of service and are in effect for the first ten years of employment. Ultimate rates are based on age and are in effect thereafter.

	Percentage leaving during the year		
Age	**< 6 years**	**6, but < 10 years**	**10+ years**
25	17.00%	12.00%	9.00%
30	17.00%	12.00%	9.00%
35	17.00%	12.00%	9.00%
40	17.00%	12.00%	8.14%
45	17.00%	12.00%	7.28%
50	17.00%	12.00%	6.41%
55	0.00%	0.00%	0.00%

Form of payment

Participants are assumed to elect the normal form.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 50% of eligible participants are assumed to be married and male spouses are assumed to be the same age as female spouses.

Employees

It was assumed there will be no new or rehired employees.

Plan compensation

Not applicable as the plan is frozen.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month.

SCHEDULE SB ATTACHMENTS

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits.

Target normal cost

Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Actuarial value of assets

The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.

Participant data

Employee data, data on persons receiving benefits and data on other participants was supplied by Charles River as of the valuation date.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Charles River Laboratories, Inc. regarding the likelihood that these benefits will be paid. Towers Watson has reviewed the plan provisions with Charles River Laboratories, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Effective date and most recent amendment

The plan was originally effective November 1, 1979 and amended and restated effective December 29, 2003. The plan has been further amended from time to time and most recently amended effective December 27, 2010.

Plan year

The twelve-month period ending on the last Sunday in December.

Coverage and participation

All employees of eligible divisions who have reached age 21 and completed one year of service are eligible to participate on the first day of the month coinciding with or next following fulfillment of these requirements. Plan participation was "frozen" effective January 1, 2002 (i.e., employees hired on or after this date are excluded from plan participation.)

Normal retirement benefit

The amount of annual lifetime pension payable beginning on the first of the month coinciding with or next following the later of attaining age 65 and the completion of five years of participation is the sum of (a) plus (b) below, not less than (c) below:

(a) the greater of (i) and (ii):

(i) $180 multiplied by Years of Service for Benefits; and

(ii) 1-1/8% of Average Annual Compensation multiplied by Years of Service for Benefits up to 40 such years, less the Maximum Offset Allowance determined in accordance with Internal Revenue Code Section 401(l).

(b) the benefit payable pursuant to Schedule A of the plan document, if any.

(c) $1,500.

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit (Cont'd)

A Year of Service for Benefits is credited for each plan year in which an employee works 1,000 hours, with fractional credit in the first and last years of employment. Average Annual Compensation is the highest average of five consecutive years' W-2 earnings before any reduction attributable to the Charles River Savings/Plus Plan or Flexible Compensation Plan and excluding any proceeds from the exercise of stock options and severance pay.

All benefit accruals under the Plan were frozen effective April 30, 2008.

Normal retirement date

The later of attainment of age 65 and the fifth anniversary of the date of participation.

Late retirement

A participant who works beyond normal retirement age will receive the greater of: (i) the normal retirement pension described above but based on earnings and service to actual retirement date, and (ii) the actuarially increased accrued benefit at normal retirement age.

Early retirement benefit

Any participant who has attained age 55 and who has completed five Years of Service for Vesting may retire and receive a pension equal to the accrued normal retirement benefit reduced by (i) 5/9% per month for the first 60 months, and (ii) 5/18% for each month over 60, by which the commencement date of the pension precedes normal retirement date.

Vesting

The accrued benefit is fully vested after the employee has completed five Years of Service for Vesting or attained his or her Normal Retirement Date. A Year of Service for Vesting is a plan year in which the employee completes at least 1,000 hours of service.

SCHEDULE SB ATTACHMENTS

Pre-retirement death benefit

If a vested participant dies before the commencement of benefits and is survived by a spouse, the spouse will receive the amount of pension he or she would have received (beginning no earlier than the participant's earliest retirement date) if the participant had retired just before dying and elected the 100% joint-and-survivor option.

Normal form of payment

The normal form of payment for an unmarried employee is a single life annuity. The normal form of payment for a married employee is an actuarially reduced 100% joint-and-survivor annuity with the spouse as joint annuitant. Other optional annuity forms are available on an actuarially equivalent basis.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future plan changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Plan participants' contributions

All contributions are made by the employer. No employee contributions are permitted.

Changes in plan provisions since last actuarial valuation

None.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of December 26, 2011

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		1		9		0		0		0		0		0		0		0	
30 - 34	0		1		65		3		0		0		0		0		0		0	
35 - 39	0		0		83		22		9		0		0		0		0		0	
40 - 44	0		2		62		30		19		3		0		0		0		0	
45 - 49	0		1		44		30		23		20		8		0		0		0	
50 - 54	0		3		44		22		15		21		23		5		0		0	
55 - 59	0		1		35		24		13		13		15		8		1		0	
60 - 64	0		1		20		13		3		0		3		4		3		0	
65 - 69	0		0		2		1		0		1		0		0		0		1	
70 & Over	0		0		0		1		1		0		0		1		0		0	

Plan Name: Charles River Laboratories, Inc. Pension Plan
EIN / PN: 76-0509980 / 003
Plan Sponsor: Charles River Laboratories, Inc
Valuation Date: December 26, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of December 26, 2011

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	12/28/2011	4,229,278	7	4,229,278	671,018
2	Shortfall	12/28/2010	2,107,261	6	1,936,985	347,775
3	Shortfall	12/28/2009	5,559,107	5	4,494,536	936,832
4	Shortfall	12/28/2008	1,057,582	4	727,720	187,667
Total					11,388,519	2,143,292

The Charles River Laboratories, Inc.

Pension Plan

Financial Statements and Supplemental Schedules
December 31, 2012, December 30, 2012 and December 25, 2011

Index

	Page
Independent Auditor's Report	3
Financial Statements	
Statements of Net Assets Available for Benefits at December 31, 2012, December 30, 2012 and December 25, 2011	5
Statements of Changes in Net Assets Available for Benefits for the Years Ended at December 31, 2012, December 30, 2012 and December 25, 2011	6
Statements of Accumulated Plan Benefits at December 30, 2012 and December 25, 2011	7
Statements of Changes in Accumulated Plan Benefits for the years ended December 30, 2012 and December 25, 2011	8
Notes to Financial Statements	9
Supplemental Schedules*	
Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Held at End of Year)	15
Schedule H, Part IV, Line 4j, Form 5500 - Schedule of Reportable Transactions	17

*Note: Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act ("ERISA") of 1974 have been omitted because they are not applicable. There were no reportable transactions in the Short Year period ended December 31, 2012.

pwc

Independent Auditor's Report

To the Participants and Administrator of
The Charles River Laboratories, Inc. Pension Plan:

We have audited the accompanying financial statements of The Charles River Laboratories, Inc. Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012, December 30, 2012 and December 25, 2011, and the related statements of changes in net assets available for benefits for the years then ended and the statements of accumulated plan benefits as of December 30, 2012 and December 25, 2011 and the related statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

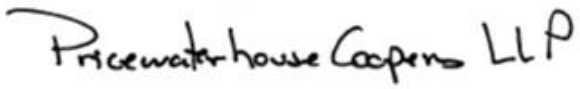
Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2012, December 30, 2012, and December 25, 2011 and changes therein for the years then ended and its financial status as of December 30, 2012 and December 25, 2011, and changes therein for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at Year End) at December 31, 2012 and December 30, 2012 and of Reportable Transactions for the Year Ended December 30, 2012 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements

and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Boston, MA
September 18, 2013

The Charles River Laboratories, Inc. Pension Plan

Statements of Net Assets Available for Benefits
December 31, 2012, December 30, 2012 and December 25, 2011

	December 31, 2012	December 30, 2012	December 25, 2011
Assets			
Investments, at fair value			
Money market fund	$ 373,685	$ 373,685	$ 283,111
Mutual funds	50,559,874	50,161,926	41,527,727
	50,933,559	50,535,611	41,810,838
Employer contribution receivable	3,036,000	1,236,000	3,787,000
Capital gain distributions receivable	—	—	131,544
Accrued dividends receivable	58,576	56,676	44,982
Total assets	54,028,135	51,828,287	45,774,364
Liabilities			
Payable for investments purchased	58,574	—	—
Payable for management services	4,050	4,050	11,700
Total liabilities	62,624	4,050	11,700
Net assets available for benefits	$ 53,965,511	$ 51,824,237	$ 45,762,664

See Notes to Financial Statements

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2012, December 30, 2012 and December 25, 2011

	December 31, 2012	December 30, 2012	December 25, 2011
Additions to net assets attributed to			
Investment income			
Dividends	$ 1,900	$ 1,447,711	$ 954,420
Net appreciation in fair value of investments	339,374	4,365,709	1,686,829
Employer contribution	1,800,000	2,529,000	4,768,000
Total addition to assets	2,141,274	8,342,420	7,409,249
Deductions from net assets attributed to			
Retirement benefits paid	—	1,951,060	1,866,875
Investment advisory expenses	—	55,500	60,950
Administrative expenses	—	274,287	272,210
Total deductions from assets	—	2,280,847	2,200,035
Net increase	2,141,274	6,061,573	5,209,214
Net assets available for benefits			
Beginning of year	51,824,237	45,762,664	40,553,450
End of year	$ 53,965,511	$ 51,824,237	$ 45,762,664

See Notes to Financial Statements

Statement of Accumulated Plan Benefits
December 30, 2012 and December 25, 2011

	December 30, 2012	December 25, 2011
Actuarial present value of accumulated plan benefits:		
Vested benefits		
Participants currently receiving payments	$ 20,219,186	$ 16,935,961
Other participants		
Terminated employees	10,157,570	12,655,077
Active employees	18,787,230	18,205,181
Total other participants	28,944,800	30,860,258
Total vested benefits	49,163,986	47,796,219
Nonvested benefits	177,794	182,089
Total actuarial present value of accumulated plan benefits	$ 49,341,780	$ 47,978,308

See Notes to Financial Statements

Statement of Changes in Accumulated Plan Benefits
For the Years ended December 30, 2012 and December 25, 2011

	December 30, 2012	December 25, 2011
Actuarial present value of accumulated plan benefits at beginning of year	$ 47,978,308	$ 43,981,944
Increase (decrease) during the year attributed to		
Actuarial experience	(62,951)	(275,520)
Interest	3,290,194	3,227,923
Benefits paid	(1,951,060)	(1,866,875)
Assumption change	87,289	2,910,836
Net increase	1,363,472	3,996,364
Actuarial present value of accumulated plan benefits at end of year	$ 49,341,780	$ 47,978,308

See Notes to Financial Statements

1. Description of the Plan

The following brief description of The Charles River Laboratories, Inc. Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees hired subsequent to January 1, 2002 are not eligible to participate in this Plan as it was closed to new participants as of this date.

In 2008, the Board of Directors voted to freeze the accrual of benefits under the Plan as of an effective date of April 30, 2008. Pursuant to this amendment, the amount of each participant's accrued benefit, determined as of April 30, 2008, and based on his or her average annual compensation and years of service for benefits, will not increase for any reason. Contributions to the Plan are made by Charles River Laboratories, Inc. (the "Company"). No employee contributions are permitted. A participant becomes 100% vested after completing five years of credited service. Forfeiture of a non-vested interest will reduce the Company's contribution for the plan year following the year in which a participant terminated his or her service with the Company.

Plan Year End Change

The Company amended the Plan to redefine the "Plan Year" such that for periods before December 31, 2012, the Plan Year is the twelve month period ending on the last Sunday in December. Effective December 31, 2012, the Plan Year is the twelve month period ending on December 31, with the one-day period beginning and ending on December 31, 2012 being a Short Plan Year. The accompanying financial statements, footnotes and schedules include the Short Plan Year ended December 31, 2012.

Participation

All employees of the Company who were hired prior to January 1, 2002 were eligible to participate in the Plan provided they were at least twenty one years of age, employed by an eligible division, and completed one year of service. Upon satisfying these requirements, the employee became eligible to participate in the Plan on the first day of the calendar month following his or her completion of one year of service. During the period from January 1, 2002 to April 30, 2008, the effective date for the freeze of accrual of benefits under the Plan, the only additions to the Plan were for employees originally hired before January 1, 2002 who were rehired and were employed by an eligible division or employees who changed positions and started working at an eligible division. Subsequent to April 30, 2008, it is not possible for any participant to enter the Plan or to earn additional benefits.

Administration

The Plan is administered by a committee appointed by the Company's Board of Directors. As of the Plan's years ended December 31, 2012, December 30, 2012 and December 25 2011, the investment managers were The Vanguard Group, Lazard Asset Management, Heartland Fund and SEI. Bank of America is trustee and custodian of the Plan's assets.

Benefits

The Plan provides for the payment of retirement benefits in the form of several different annuity options, including lump sum payment, joint and several annuity, etc., at the election of the participant. Benefits are paid to participants upon their retirement age. The Plan provides for "normal retirement" upon attaining age 65 and for "early retirement" after attaining age 55 if five years of service with the Company have been completed. A death benefit is payable to a participant's surviving spouse in the case that a vested participant dies prior to the commencement of benefits. No other death benefit is payable under the plan, except in the case a participant dies after having commenced a joint annuity.

Funding
The Company's funding policy is to make annual contributions to the Plan in amounts that meet the minimum funding requirements of ERISA, as determined by the plan actuary, and the short-term and long-term financial needs of the Plan. The Company has met the minimum funding requirement of ERISA. For the Plan Years ended December 31, 2012, December 30, 2012 and December 25, 2011, there were required employer contributions of $0 , $2.4 million and $1.7 million, respectively. The Company contributed $1.8 million for the Short Plan Year ended December 31, 2012, contributed $2.5 million for the year ended December 30, 2012 and contributed $4.8 million for the year ended December 25, 2011.

Plan Termination
In the event of the termination of the Plan, the interests of all affected participants in benefits accrued through the date of such termination will become fully vested and non-forfeitable. However, any such participants will have no recourse for satisfaction of their vested benefits except from the assets of the Plan or from the Pension Benefit Guaranty Corporation. In addition, the trust fund, after the payment of any expenses, taxes or proper trustee charges, will be allocated among the participants and their joint annuitants, if any, in the order of precedence set forth in applicable regulations. If any funds remain after satisfaction of all liabilities under the Plan, they shall be paid to the Company as determined by the Plan administrator.

2. Summary of Accounting Policies

Basis of Accounting
The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
Investments in mutual funds are valued using active markets at the latest quoted sales price on the last business day of the Plan year, which represents the net asset value of shares held by the Plan at year-end. Cash equivalents are valued at amortized cost, which, due to their short maturity, approximates fair value. The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains and losses on investments bought and sold during the year and the unrealized appreciation (depreciation) on those investments bought and sold as well as held during the year. Realized gains and losses are calculated using the average cost method. Purchases and sales of securities are recorded on a trade-date basis. Interest income and other income are recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits
Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' highest five consecutive years of compensation. Benefits payable under all circumstances - retirement, death and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the December 30, 2012, December 25, 2011 and December 26, 2010 valuations were: (a) life expectancy of participants: the prescribed mortality assumption under IRC Section 430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants), (b) retirement age assumptions: rates that vary by age and service, with a weighted-average retirement age of 62.6 years of age for those with more than 10 years of service for all periods, and (c) interest rates of 7.0%, 7.0% and 7.5% at December 30, 2012, December 25, 2011 and December 26, 2010, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations to provide the following benefits to participants in an order prescribed by the Plan. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Plan Expenses

In accordance with the Plan agreement, the Plan Administrator determined that administrative expenses are to be paid by the Plan for all periods presented. The Plan Administrator is permitted to determine which expenses are allowable.

Risk and Uncertainties

Contributions to the Plan are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. The plan invests in any combination of stocks, bonds, fixed income securities, mutual funds and other investments. Investments are exposed to various risks such as interest rate, market and credit risk. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the value of the investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of changes in net assets available for benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Recent Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board issued Accounting Standard Update (ASU) No. 2011-04, “Fair Value Measurement (Topic 820)-Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS.” The update is effective during interim and annual periods beginning after December 15, 2011 and will result in additional disclosure for transfers between levels as well as expanded disclosure for securities categorized as Level 3 under the fair value hierarchy. The adoption of ASU 2011-04 did not have an impact on the financial statements.

Subsequent Events

The Company evaluated subsequent events and transactions occurring after the Statement of Net Assets Available for Benefits date through September 18, 2013, the date these financial statements were available to

be issued, for recognition and disclosure in the financial statements and notes. No material subsequent events requiring disclosure were identified.

3. Fair Value

Accounting Standards Codification (ASC) 820, "Fair Value Measurements and Disclosures" defines fair value, establishes a framework for measuring fair value under generally accepted accounting principles, and enhances disclosures regarding fair value measurements. ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) on the measurement date, in the principal or most advantageous market for the asset or liability, and in an orderly transaction between market participants.

ASC 820 establishes a valuation hierarchy for disclosure of the inputs to the valuations used to measure fair value. Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities. Level 2 inputs are quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, including interest rates, yield curves and credit risks, or inputs that are derived principally from or corroborated by observable market data through correlation. Level 3 inputs are unobservable inputs based on our own assumptions used to measure assets and liabilities at fair value. A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement.

Valuation Techniques

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. In periods of market inactivity, the observability of prices and inputs may be reduced for certain investments. This condition could cause an investment to be reclassified from Level 1 to Level 2 or from Level 2 to Level 3.

Descriptions of the valuation methodologies used for assets measured at fair value are as follows:

- Mutual funds-Valued at the quoted net asset value of shares held by the Plan at year end.
- Money Market Funds-Valued at the quoted net asset value of shares held by the Plan at year end.

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. No transfers were made in the periods presented.

Assets measured at fair value are summarized below:

	Assets at Fair Value at December 31, 2012 using			
Assets	**Quoted Prices in Active Markets for Identical Assets Level 1**	**Significant Other Observable Inputs Level 2**	**Significant Unobservable Inputs Level 3**	**Assets at Fair Value**
Mutual funds				
Money market fund	$ 373,685	$ —	$ —	$ 373,685
Large cap equity	22,628,721	—	—	22,628,721
International equity income	5,391,015	—	—	5,391,015
Small cap equity	4,940,713			4,940,713
Bond	17,599,425	—	—	17,599,425
Total mutual funds	50,933,559	—	—	50,933,559
Total	$ 50,933,559	$ —	$ —	$ 50,933,559

	Assets at Fair Value at December 30, 2012 using			
Assets	**Quoted Prices in Active Markets for Identical Assets Level 1**	**Significant Other Observable Inputs Level 2**	**Significant Unobservable Inputs Level 3**	**Assets at Fair Value**
Mutual funds				
Money market fund	$ 373,685	$ —	$ —	$ 373,685
Large cap equity	22,250,767	—	—	22,250,767
International equity income	5,354,185	—	—	5,354,185
Small cap equity	4,844,033			4,844,033
Bond	17,712,941	—	—	17,712,941
Total mutual funds	50,535,611	—	—	50,535,611
Total	$ 50,535,611	$ —	$ —	$ 50,535,611

	Assets at Fair Value at December 25, 2011 using			
Assets	**Quoted Prices in Active Markets for Identical Assets Level 1**	**Significant Other Observable Inputs Level 2**	**Significant Unobservable Inputs Level 3**	**Assets at Fair Value**
Mutual funds				
Money market fund	$ 283,111	$ —	$ —	$ 283,111
Large cap equity	18,728,267	—	—	18,728,267
International equity income	3,775,264	—	—	3,775,264
Small cap equity	4,239,103			4,239,103
Bond	14,785,093	—	—	14,785,093
Total mutual funds	41,810,838	—	—	41,810,838
Total	$ 41,810,838	$ —	$ —	$ 41,810,838

4. Investments

The following is a summary of the Plan's financial information and data.

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

For the Plan Year Ended	December 31, 2012	December 30, 2012	December 25, 2011
Mutual Funds	$339,374	$4,365,709	$1,686,829

The market value of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2012, December 30, 2012 and December 25, 2011 are as follows:

	December 31, 2012	December 30, 2012	December 25, 2011
Lazard International Strategic Equity Fund	$ 5,391,015	$ 5,354,184	$ 3,775,264
Vanguard Bond Index Fund	17,599,425	17,712,941	14,785,093
Vanguard Institutional Index Fund	22,628,721	22,250,767	18,728,267
Heartland Value Plus Fund	4,940,713	4,844,034	4,239,103

5. Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated February 7, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

6. Related Party and Party-In-Interest Transactions

The SEI Daily Income Trust Government II - Class A fund is managed by an affiliate of the trustee of the Plan. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

The Charles River Laboratories, Inc. Pension Plan

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

December 31, 2012

(a)	(b) Identity of Issue, Borrowers, Lessor or Similar Party	(c) Description of investments, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Lazard International Strategic Equity Fund	Mutual Fund	$ 5,692,875	$ 5,391,015
	Vanguard Bond Index Fund	Mutual Fund	15,191,869	17,599,425
	Vanguard Institutional Strategic Equity Fund	Mutual Fund	15,736,571	22,628,721
	Heartland Value Plus Fund	Mutual Fund	5,042,341	4,940,713
		Mutual Funds	41,663,656	50,559,874
*	SEI Daily Income Trust Government II - Class A	Money Market Fund	373,685	373,685
		Money Market Funds	373,685	373,685
			$ 42,037,341	$ 50,933,559

* Denotes party-in-interest

The Charles River Laboratories, Inc. Pension Plan

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

December 30, 2012

(a)	(b) Identity of Issue, Borrowers, Lessor or Similar Party	(c) Description of investments, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Lazard International Strategic Equity Fund	Mutual Fund	$ 5,692,875	$ 5,354,184
	Vanguard Bond Index Fund	Mutual Fund	15,133,296	17,712,941
	Vanguard Institutional Strategic Equity Fund	Mutual Fund	15,736,571	22,250,767
	Heartland Value Plus Fund	Mutual Fund	5,042,341	4,844,034
		Mutual Funds	41,605,083	50,161,926
*	SEI Daily Income Trust Government II - Class A	Money Market Fund	373,685	373,685
		Money Market Funds	373,685	373,685
			$ 41,978,768	$ 50,535,611

* Denotes party-in-interest

The Charles River Laboratories, Inc. Pension Plan

Schedule H, Part IV, Line 4j-- Schedule of Reportable Transactions

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
INDIVIDUAL TRANSACTIONS								
SEI Daily Income Trust Government II - Class A	Money Market Fund	$ 3,460,000	—	—	—	—	$ 3,460,000	—
SEI Daily Income Trust Government II - Class A	Money Market Fund		3,960,000	—	—	3,960,000	3,960,000	—
SERIES OF TRANSACTIONS IN SAME SECURITY								
SEI Daily Income Trust Government II- Class A	Money Market Fund	5,783,725	—	—	—	—	5,782,725	—
SEI Daily Income Trust Government II- Class A	Money Market Fund	—	5,690,752	—	—	5,690,752	5,690,752	—
Vanguard Bond Index Fund	Mutual Fund	3,265,837	—	—	—	—	3,265,837	—
Vanguard Bond Index Fund	Mutual Fund	—	$ 1,300,000	—	—	$ 1,105,222	$ 1,300,000	$ 194,778

The Charles River Laboratories, Inc. Pension Plan

Schedule H, Part IV, Line 4j-- Schedule of Reportable Transactions

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
INDIVIDUAL TRANSACTIONS								
SEI Daily Income Trust Government II - Class A	Money Market Fund	$ 3,460,000	—	—	—	—	$ 3,460,000	—
SEI Daily Income Trust Government II - Class A	Money Market Fund		3,960,000	—	—	3,960,000	3,960,000	—
SERIES OF TRANSACTIONS IN SAME SECURITY								
SEI Daily Income Trust Government II- Class A	Money Market Fund	5,783,725	—	—	—	—	5,782,725	—
SEI Daily Income Trust Government II- Class A	Money Market Fund	—	5,690,752	—	—	5,690,752	5,690,752	—
Vanguard Bond Index Fund	Mutual Fund	3,265,837	—	—	—	—	3,265,837	—
Vanguard Bond Index Fund	Mutual Fund	—	$ 1,300,000	—	—	$ 1,105,222	$ 1,300,000	$ 194,778

The Charles River Laboratories, Inc. Pension Plan

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

December 31, 2012

(a)	(b) Identity of Issue, Borrowers, Lessor or Similar Party	(c) Description of investments, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Lazard International Strategic Equity Fund	Mutual Fund	$ 5,692,875	$ 5,391,015
	Vanguard Bond Index Fund	Mutual Fund	15,191,869	17,599,425
	Vanguard Institutional Strategic Equity Fund	Mutual Fund	15,736,571	22,628,721
	Heartland Value Plus Fund	Mutual Fund	5,042,341	4,940,713
		Mutual Funds	41,663,656	50,559,874
*	SEI Daily Income Trust Government II - Class A	Money Market Fund	373,685	373,685
		Money Market Funds	373,685	373,685
			$ 42,037,341	$ 50,933,559

* Denotes party-in-interest

The Charles River Laboratories, Inc. Pension Plan

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

December 30, 2012

(a)	(b) Identity of Issue, Borrowers, Lessor or Similar Party	(c) Description of investments, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Lazard International Strategic Equity Fund	Mutual Fund	$ 5,692,875	$ 5,354,184
	Vanguard Bond Index Fund	Mutual Fund	15,133,296	17,712,941
	Vanguard Institutional Strategic Equity Fund	Mutual Fund	15,736,571	22,250,767
	Heartland Value Plus Fund	Mutual Fund	5,042,341	4,844,034
		Mutual Funds	41,605,083	50,161,926
*	SEI Daily Income Trust Government II - Class A	Money Market Fund	373,685	373,685
		Money Market Funds	373,685	373,685
			$ 41,978,768	$ 50,535,611

* Denotes party-in-interest