

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>CHARLES RIVER LABORATORIES, INC. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1979</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>11/01/1979</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>11/01/1979</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHARLES RIVER LABORATORIES, INC.</u> <u>251 BALLARDVALE ST</u> <u>WILMINGTON, MA 01887-1096</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>76-0509980</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>978-658-6000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>76-0509980</u>	2c Plan Sponsor's telephone number <u>978-658-6000</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>76-0509980</u>					
2c Plan Sponsor's telephone number <u>978-658-6000</u>					
2d Business code (see instructions) <u>541990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/28/2022	PAMELA MURPHY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor 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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year		5 1332																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">457</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td style="text-align: right;">0</td></tr> <tr><td>6f</td><td style="text-align: right;">0</td></tr> <tr><td>6g</td><td style="text-align: right;">0</td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>			6a(1)	457	6a(2)	0	6b	0	6c	0	6d	0	6e	0	6f	0	6g	0	6h	0
6a(1)	457																					
6a(2)	0																					
6b	0																					
6c	0																					
6d	0																					
6e	0																					
6f	0																					
6g	0																					
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 Characteristics Codes in the instructions: 1A 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																					
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																						
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																					

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
--	--	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
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	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier GREAT AMERICAN LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1935920	16691	PN0097	737	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	56832116
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☒		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

(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)

WILLIS TOWERS WATSON US LLC

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 50	NONE	581803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSIGHT INVESTMENT

82-0983489

(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 51	NONE	241764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 50	NONE	60398	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

PRICEWATERHOUSE COOPERS

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	58500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLANKROME

23-1311874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	14492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIVER AND MERCANTILE SOLUTIONS

04-3513306

(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 50	NONE	12500	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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)	4297495	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	577933	253472
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1412837	31043
(2) U.S. Government securities	1c(2)	40165573	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	48739848	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(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	95193686 284515
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	796302 284515
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	0 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	796302 284515
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	94397384 0

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	867000
	(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)	867000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	31043
	(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)	31043
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1544263
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1544263
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	320109142
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	311261083
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	8848059
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-4484282
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-4484282

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-3652288
d Total income. Add all income amounts in column (b) and enter total.....	2d		3153795

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	39177064	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	57404658	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		96581722
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)	715193	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	254264	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		969457
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		97551179

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-94397384
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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year <u>0</u> .			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4310437</u> .			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
---	--	---

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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): 94-1687665		
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	618

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) through (c)	
a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation _____	



The Charles River Laboratories, Inc. Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2020 (in liquidation) and December 31, 2019 (in liquidation)

The Charles River Laboratories, Inc. Pension Plan

TABLE OF CONTENTS

	<u>Page</u>
Report of Independent Auditors	3
Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2020 (in liquidation) and December 31, 2019 (in liquidation)	5
Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020 (in liquidation)	6
Statements of Accumulated Plan Benefits as of December 31, 2020 (in liquidation) and December 31, 2019 (in liquidation)	7
Statement of Changes in Accumulated Plan Benefits for the year ended December 31, 2020 (in liquidation)	8
Notes to Financial Statements	9
Supplemental Schedules*	
Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Held at End of Year) as of December 31, 2020	15
Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Acquired and Disposed of Within Year) for the Year Ended December 31, 2020	16
Schedule H, Part IV, Line 4j, Form 5500 - Schedule of Reportable Transactions for the Year Ended December 31, 2020	18

*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.



Report of Independent Auditors

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Charles River Laboratories, Inc. Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits (in liquidation) and of accumulated plan benefits (in liquidation) as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits (in liquidation) and of changes in accumulated plan benefits (in liquidation) for the year ended December 31, 2020, 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

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

Basis of Accounting

As discussed in Note 2 to the financial statements, the Board of Directors, as plan administrator of the Plan, approved a plan of liquidation on January 31, 2019, and the Plan determined liquidation is imminent. As a result, the Plan changed its basis of accounting on January 31, 2019 from the going concern basis to a liquidation basis. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Held at End of Year) as of December 31, 2020, the supplemental Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Acquired and Disposed of Within Year) for the year ended December 31, 2020 and the supplemental Schedule H, Part IV, Line 4j, Form 5500 - Schedule of Reportable Transactions for the year ended December 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

Price Waterhouse Coopers LLP

Boston, Massachusetts
October 13, 2021

The Charles River Laboratories, Inc. Pension Plan

Statements of Net Assets Available for Benefits December 31, 2020 (in liquidation) and December 31, 2019 (in liquidation)

	2020 <i>(in liquidation)</i>	2019 <i>(in liquidation)</i>
Assets		
Investments, at liquidation value		
Money market fund	\$ 31,043	\$ 1,412,837
U.S. Government securities	—	40,165,573
Corporate bonds	—	44,544,127
Foreign bonds	—	4,195,721
Total investments	<u>31,043</u>	<u>90,318,258</u>
Receivables		
Receivable from plan sponsor for final liquidation	253,472	—
Employer contributions	—	4,297,495
Accrued dividends and interest receivable	—	577,933
Total receivables	<u>253,472</u>	<u>4,875,428</u>
Total assets	<u>284,515</u>	<u>95,193,686</u>
Liabilities		
Payable for investment advisory services	—	288,234
Payable for administrative expenses	<u>284,515</u>	<u>508,068</u>
Total liabilities	<u>284,515</u>	<u>796,302</u>
Net assets available for benefits	<u><u>\$ —</u></u>	<u><u>\$ 94,397,384</u></u>

See accompanying notes to the financial statements

The Charles River Laboratories, Inc. Pension Plan

**Statement of Changes in Net Assets Available for Benefits
For the year ended December 31, 2020 (in liquidation)**

	January 1, 2020 to December 31, 2020 <i>(in liquidation)</i>
Additions:	
Investment income	
Net appreciation of investments	\$ 4,363,777
Dividends, interest and other	1,575,306
Total investment income	5,939,083
Employer contributions	867,000
Total additions	6,806,083
Deductions:	
Retirement benefits paid	2,626,482
Purchase of annuities in connection with plan termination	57,404,658
Lump-sum payments to participants in connection with plan termination	36,550,582
Total deductions	96,581,722
Net adjustment for adoption of liquidation basis of accounting	(4,621,745)
Net decrease in net assets available for benefits	(94,397,384)
Net assets available for benefits	
Beginning of period	94,397,384
End of period	\$ —

See accompanying notes to the financial statements

The Charles River Laboratories, Inc. Pension Plan
Statements of Accumulated Plan Benefits
December 31, 2020 (in liquidation) and December 31, 2019 (in liquidation)

	2020	2019
	<u>(in liquidation)</u>	<u>(in liquidation)</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits		
Participants currently receiving benefits	\$ —	\$ 38,241,201
Terminated employees	—	25,200,654
Active employees	—	30,955,529
Total vested benefits	<u>—</u>	<u>94,397,384</u>
Nonvested benefits	—	—
Total actuarial present value of accumulated plan benefits	<u><u>\$ —</u></u>	<u><u>\$ 94,397,384</u></u>

See accompanying notes to the financial statements

The Charles River Laboratories, Inc. Pension Plan

**Statement of Changes in Accumulated Plan Benefits
For the year ended December 31, 2020 (in liquidation)**

	January 1, 2020 to December 31, 2020 <i>(in liquidation)</i>
Actuarial present value of accumulated plan benefits at beginning of period (Note 3)	<u>\$ 94,397,384</u>
Increase (decrease) during the period attributed to:	
Actuarial loss	203,054
Decrease in the discount period	1,981,284
Benefits paid	<u>(96,581,722)</u>
Net decrease	<u>(94,397,384)</u>
Actuarial present value of accumulated plan benefits at end of period	<u><u>\$ —</u></u>

See accompanying notes to the financial statements

**The Charles River Laboratories, Inc. Pension Plan
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 effective 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. Participants became 100% vested after completing five years of credited service.

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 (“Plan Administrator”). As of the Plan years ended December 31, 2020 and 2019, the investment manager was Insight Investment. Bank of America, N.A. is the trustee, recordkeeper, and custodian of the Plan’s assets. Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation for such functions from the Plan.

Benefits

The Plan provides for the payment of retirement benefits in the form of several different annuity options, including lump sum payment and joint and survivor annuity 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

Prior to the Plan termination, the Company’s funding policy was to make annual contributions to the Plan in amounts that met 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 met the minimum funding requirement of ERISA. The Company’s funding policy as part of the Plan termination was to fund the Plan to meet the cost of the lump sums and annuity purchases in conjunction with the Plan termination. Refer to Note 3 Plan Termination for further discussion of the contribution receivable for the year ended December 31, 2019. The Company made contributions of \$867,000 for the year ended December 31, 2020.

The Charles River Laboratories, Inc. Pension Plan
Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

Due to the decision to terminate the Plan on January 31, 2019, the accompanying financial statements have been prepared on the liquidation basis of accounting as of December 31, 2020 and 2019, and for the period from January 1, 2020 to December 31, 2020, in accordance with accounting principles generally accepted in the United States ("U.S. GAAP"). The liquidation basis of accounting pursuant to U.S. GAAP requires that, on the date of adoption of the liquidation basis, assets be revalued to the value expected to be received upon liquidation ("liquidation value"), assumptions used in the determination of liabilities are reevaluated under the terms of the liquidation and income and expense expected to be earned and incurred through the date of liquidation are estimated and accrued. The effects of the adoption of the liquidation basis of accounting are described in Note 3 Plan Termination.

Use of Estimates

The preparation of financial statements in accordance with generally accepted accounting principles in the U.S. GAAP 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.

Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, "Fair Value Measurement (Topic 820) - Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement." ASU 2018-13 removes some disclosures and modifies others when accounting for fair value. There are no additions to the fair value disclosure requirements for non-public companies. The Plan's adoption of this standard in fiscal year 2020 did not have a significant impact on the Plan's financial statements and related disclosures.

Investment Valuation and Income Recognition

Investments are valued at liquidation value as of December 31, 2020 and December 31, 2019. Investments in mutual funds, including the money market fund, are valued at the quoted net asset value of shares held by the Plan at year end. Cash equivalents, if any, are valued at amortized cost, which, due to their short maturity, approximates fair value. The fair value of U.S. Government securities, which are comprised of U.S. Treasury Bills, Notes and Bonds, are based on quoted market prices in active markets as the market for these U.S. Government securities is an actively traded market given the high level of daily trading volume. Corporate and foreign bonds are priced using an independent pricing service and are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available. The Plan presents in the statement of changes in net assets available for benefits the net appreciation of its investments, which consists of the realized gains and losses on investments bought and sold during the year and the change in 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 calendar years of compensation during the period prior to April 30, 2008. 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 Charles River Laboratories, Inc. Pension Plan
Notes to Financial Statements

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 31, 2020 valuations were determined on a termination basis which included (a) data updated through December 31, 2020 as appropriate for different stages of the termination process and (b) actual annuity purchase premiums paid, ongoing annuity payments and lump sum payments made as a part of the one-time lump sum offering and ongoing administration expenses. The significant actuarial assumptions used in the December 31, 2019 valuations were: (a) life expectancy of participants under the Pri-2012 mortality tables with separate rates for non-annuitants, annuitants and contingent survivors, projected generationally from 2012 using MP-2019 (b) retirement age assumptions: rates that vary by age and service, with a weighted-average retirement age of 63, and (c) interest rate of 2.83%.

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 reasonable.

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 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 statements of net assets available for benefits and the statement of changes in net assets available for benefits.

On March 11, 2020, the World Health Organization declared the outbreak of a strain of novel coronavirus disease, COVID-19, a global pandemic. The COVID-19 pandemic is dynamic and expanding, and its ultimate scope, duration and effects are uncertain. The future impact on the Plan's net assets available for benefits is highly uncertain and cannot be reasonably estimated at this time.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Company evaluated subsequent events through October 13, 2021, the date these financial statements were available to be issued.

3. Plan Termination

The Company determined that termination was considered to be imminent on January 31, 2019 as the resolution to terminate the Plan was approved on January 31, 2019. The Company filed a Form 5310 with the IRS on June 4, 2019, the IRS issued a favorable determination letter on April 29, 2020, the Pension Benefit Guaranty Corporation (PBGC) raised no objections during its 60 day review period resulting from the filing of the Form 500 Standard Termination Notice on December 16, 2019, and the termination is a standard termination and the likelihood of any third party blocking the termination is remote; therefore, liquidation basis accounting was applied beginning January 31, 2019.

On January 31, 2019, the Company, as determined by the Board of Directors, resolved to terminate the Plan effective July 31, 2019, subject to regulatory approval from the PBGC and the IRS. The net assets of the Plan were allocated for payment of plan benefits to the participants and beneficiaries in an order of priority determined in accordance with ERISA and its related applicable regulations and the Plan document. The majority of expenses related to the termination were paid for by the Plan from existing net assets of the Plan, which included expenses for

The Charles River Laboratories, Inc. Pension Plan
Notes to Financial Statements

legal, advisory, and accounting services. The majority of the benefit payments was provided for by the existing net assets of the Plan with additional funding from the Company as needed. The Plan termination did not impact the earned benefit or future payments of any participant.

In accordance with the resolution to terminate the Plan, benefit obligations were satisfied through the purchase of an annuity contract from an insurer on October 20, 2020 or single lump-sum payments made on October 23, 2020. The impact of the termination on the actuarial present value of accumulated plan benefits is discussed further in Note 2. Summary of Significant Accounting Policies.

A plan sponsor contribution receivable of \$253,472 was recognized at December 31, 2020 to cover the shortfall between plan assets of \$31,043 and accrued expenses of \$284,515 to cover administrative, legal and audit fees, and PBGC premiums for the period of liquidation.

Since the date benefit obligations were satisfied, the Plan has had no operations other than the settlement of administrative expenses listed on the statements of net assets available for benefits. Events occurring after that date and through the date these financial statements were available to be issued, October 13, 2021, have been evaluated by plan management and do not require additional disclosure.

Management has determined that the fair value of investments represents the best estimate of the amounts to be received upon liquidation and fair value is used as the liquidation value of investments as of December 31, 2020 and 2019. A Plan applying the liquidation basis of accounting must accrue all income and costs that it expects to earn or incur through the end of liquidation if and when it has a reasonable basis for estimation. Discounting is not applied to these items of income and expense. Interest income and dividends are reflected in the fair value measurement of the investments generating the investment income. As a result, no additional investment income was accrued as of December 31, 2020 as investments are recorded at fair value (as a proxy for liquidation value). An estimated employer contribution receivable of \$4,297,495 was recorded as of December 31, 2019 to cover the estimated shortfall between benefit obligations and plan assets. An adjustment of \$4,621,745 was recorded during the year ended December 31, 2020 to reflect net adjustments for adoption of liquidation basis of accounting.

4. Fair Value Measurements

The accounting standard for fair value measurements defines fair value, establishes a framework for measuring fair value in accordance with U.S. GAAP, and requires certain disclosures about fair value measurements. Under this standard, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan has certain financial assets and liabilities recorded at fair value, which have been classified as Level 1, 2 or 3 within the fair value hierarchy:

- Level 1 - Fair values are determined utilizing prices (unadjusted) in active markets for identical assets or liabilities the Plan has the ability to access,
- Level 2 - Fair values are determined utilizing quoted prices for identical or similar assets and liabilities in active markets or other market observable inputs such as interest rates, yield curves, and foreign currency spot rates,
- Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

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

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 instruments. This condition could cause an investment to be reclassified from Level 1 to Level 2 or from Level 2 to Level 3. Transfers between fair value hierarchy levels, if any, are recognized at the end of the period.

The Charles River Laboratories, Inc. Pension Plan
Notes to Financial Statements

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.

Fair value measurements are not presented as of December 31, 2020 and December 31, 2019 as all assets and liabilities are presented at liquidation value in accordance with the liquidation basis of accounting.

5. Financial Information Certified by the Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee of the Plan, Bank of America, N.A., has certified to the Plan Administrator that certain investment related information is complete and accurate. The following was obtained or derived from certified information supplied to the Plan Administrator for preparation of the Plan's financial statements, notes, and related supplemental schedules in accordance with ERISA:

Financial Statements

	December 31, 2020	December 31, 2019
Statement of Net Assets Available for Benefits	(in liquidation)	(in liquidation)
Investments	31,043	\$ 90,318,258
Accrued dividends and interest receivable	—	577,933

	January 1, 2020 to
	December 31, 2020
Statement of Changes in Net Assets Available for Benefits	(in liquidation)
Net appreciation of investments	\$ 4,363,777
Dividends, interest and other	1,575,306

Supplemental Schedules

All information reported on:

Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Held at Year End)

Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Acquired and Disposed of Within Year)

Schedule H, Part IV, Line 4j, Form 5500 - Schedule of Reportable Transactions

6. Federal Income Tax Status

Prior to the 2019 Plan year, the Internal Revenue Service had determined and informed the Company by a letter dated March 2, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan was amended in 2019 to terminate the Plan effective July 31, 2019. As a result, the plan sponsor filed a Form 5310 with the IRS on June 4, 2019 and the IRS issued a favorable determination letter on April 29, 2020. The Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently operating in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires 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, 2020, there are no uncertain positions taken or expected to be

The Charles River Laboratories, Inc. Pension Plan
Notes to the Financial Statements

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 2017.

7. Related Party and Party-In-Interest Transactions

Bank of America, N.A. is the trustee, recordkeeper, and custodian of the Plan's assets. 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 Company, in its role as the plan sponsor, and the Plan Administrator are considered related parties.

The Charles River Laboratories, Inc. Pension Plan

**Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Held at Year End)
December 31, 2020**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Dreyfus Government Cash Management Institutional	Cash equivalent	\$ 4,573	\$ 4,573
*	Bank of America Temporary Overnight Deposit - Custody	Cash equivalent	26,470	26,470
			<u>\$ 31,043</u>	<u>\$ 31,043</u>

*Indicates a party-in-interest as defined by ERISA.

Prepared from information certified to be complete and accurate by the trustee.

The Charles River Laboratories, Inc. Pension Plan
Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Acquired and Disposed of Within Year)
For the Year Ended December 31, 2020

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
AT&T INC	Par \$37,000 , 3.500% DUE 6/01/41	36,885	39,067
AT&T INC	Par \$89,000, 3.650% DUE 06/01/51	89,363	91,051
AT&T INC	Par \$18,000, 3.850% DUE 06/01/60	17,923	18,585
AIR PRODS & CHEMS INC	Par \$56,000, 2.700% DUE 05/15/40	55,844	61,134
AIR PRODS & CHEMS INC	Par \$38,000, 2.800% DUE 05/15/50	37,862	39,661
AIR PRODS & CHEMS INC	Par \$24,000, 2.050% DUE 05/15/30	23,967	24,413
ALPHABET INC	Par \$62,000, 1.900% DUE 08/15/40	61,610	59,517
ALPHABET INC	Par \$103,000, 2.250% DUE 08/15/60	101,977	96,725
BAKER HUGHES LLC	Par \$11,000, 4.486% DUE 05/01/30	11,000	12,661
BOEING CO	Par \$475,000, 2.950% DUE 02/01/30	457,214	444,040
BP CAP MKTS AMER INC	Par \$74,000, 3.000% DUE 02/24/50	72,775	72,691
CATERPILLAR INC	Par \$52,000, 3.250% DUE 04/09/50	51,792	59,878
CATERPILLAR FINL SVCS CORP	Par \$250,000, 0.450% DUE 09/14/23	249,830	250,340
CHEVRON U S A INC	Par \$250,000, 0.333% DUE 08/12/22	250,000	250,577
CHEVRON CORP NEW	Par \$32,000, 2.978% DUE 05/11/40	32,000	34,961
CHEVRON CORP NEW	Par \$34,000, 3.078% DUE 05/11/50	34,000	36,788
COCA COLA CO	Par \$111,000, 2.500% DUE 06/01/40	110,946	112,461
COCA COLA CO	Par \$111,000, 2.600% DUE 06/01/50	110,929	110,368
COCA COLA CO	Par \$234,000, 2.750% DUE 06/01/60	242,075	245,024
COMMONWEALTH EDISON CO SECD 1ST	Par \$45,000, 3.000% DUE 03/01/50	45,589	48,677
COSTCO WHOLESALE CORP NEW	Par \$41,000, 1.750% DUE 04/20/32	40,916	42,365
DEERE & CO	Par \$16,000, 3.750% DUE 04/15/50	16,000	20,331
DIAMOND 1 FTN CORP/DIAMOND 2 FIN CORP	Par \$90,000, 8.350% DUE 07/15/46	114,774	123,042
DISCOVER BK NEW CASTLE DEL	Par \$250,000, 2.700% DUE 02/06/30	249,477	263,582
DISNEY WALT CO	Par \$91,000, 4.700% DUE 03/23/50	90,378	121,699
DISNEY WALT CO	Par \$124,000, 3.500% DUE 05/13/40	123,876	140,580
DISNEY WALT CO	Par \$100,000, 3.800% DUE 05/13/60	99,857	117,207
DU PONT E I DE NEMOURS & CO	Par \$19,000, 2.300% DUE 07/15/30	18,931	20,128
DUPONT DE NEMOURS INC	Par \$195,000, 2.169% DUE 05/01/23	195,000	198,721
EXXON MOBIL CORP	Par \$65,000, 4.227% DUE 03/19/40	73,071	80,289
EXXON MOBIL CORP	Par \$290,000, 1.571% DUE 04/15/23	293,461	298,674
EXXON MOBIL CORP	Par \$111,000, 3.452% DUE 04/15/51	111,000	123,912
FEDEX CORP	Par \$45,000, 5.250% DUE 05/15/50	60,585	62,695
FIFTH THIRD BK CINCINNATI OHIO	Par \$500,000, 2.250% DUE 02/01/27	499,645	535,795
GENERAL MTRS FINL CO INC	Par \$180,000, 3.600% DUE 06/21/30	179,476	188,863
HOME DEPOT INC	Par \$44,000, 2.700% DUE 04/15/30	43,754	46,221
HOME DEPOT INC	Par \$22,000, 3.300% DUE 04/15/40	21,805	25,312
HOME DEPOT INC	Par \$18,000, 3.350% DUE 04/15/50	17,794	20,931
INTERNATIONAL BUSINESS MACHS CORP	Par \$110,000, 2.850% DUE 05/15/40	109,301	116,398
JPMORGAN CHASE & CO	Par \$47,000, VAR RT DUE 05/13/31	47,000	50,668
JOHNSON & JOHNSON	Par \$68,000, 2.250% DUE 09/01/50	67,397	67,442
JOHNSON & JOHNSON	Par \$60,000, 2.450% DUE 09/01/60	59,379	59,545
LAM RESH CORP	Par \$34,000, 2.875% DUE 06/15/50	33,911	34,687
LILLY ELI & CO	Par \$97,000, 2.250% DUE 05/15/50	95,814	93,410
LILLY ELI & CO	Par \$95,000, 2.500% DUE 09/15/60	93,178	91,774

The Charles River Laboratories, Inc. Pension Plan
Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Acquired and Disposed of Within Year)
For the Year Ended December 31, 2020

LOWES COS INC	Par \$35,000, 5.125% DUE 04/15/50	49,256	49,543
MARATHON PETE CORP	Par \$53,000, 4.500% DUE 05/01/23	52,969	53,078
MARATHON PETE CORP	Par \$117,000, 4.700% DUE 05/01/25	116,772	117,601
MASTERCARD INC	Par \$27,000, 3.850% DUE 03/26/50	26,885	34,614
METROPOLITAN LIFE GLOBAL FDG I	Par \$281,000, 1.950% DUE 01/13/23	280,879	290,169
METROPOLITAN LIFE GLOBAL FDG I	Par \$150,000, 2.950% DUE 04/09/30	149,691	168,622
MICROSOFT CORP	Par \$1,054,000, 2.525% DUE 06/01/50	1,106,174	1,108,956
NXP B V/NXP FDG LLC/NXP USA INC	Par \$21,000, 4.300% DUE 06/18/29	23,194	24,416
NESTLE HLDGS INC	Par \$300,000, 1.250% DUE 09/15/30	297,648	298,118
NOVARTIS CAP CORP UNSECD SR NT	Par \$180,000, 2.750% DUE 08/14/50	175,882	178,542
ORACLE CORP	Par \$162,000, 3.600% DUE 04/01/50	197,256	182,645
PFIZER INC	Par \$21,000, 2.625% DUE 04/01/30	20,926	22,511
PHILIP MORRIS INTL INC	Par \$62,000, 4.250% DUE 11/10/44	72,834	75,035
PHILLIPS 66	Par \$33,000, 3.850% DUE 04/09/25	32,982	36,712
PROCTER & GAMBLE CO	Par \$28,000, 2.450% DUE 03/25/25	27,955	30,392
QUALCOMM INC	Par \$38,000, 3.250% DUE 05/20/50	37,697	42,389
ROPER TECHNOLOGIES INC	Par \$280,000, 0.450% DUE 08/15/22	279,756	280,818
T-MOBILE USA INC	Par \$34,000, 2.550% DUE 02/15/31	33,930	35,179
3M CO	Par \$57,000, 3.700% DUE 04/15/50	56,804	69,767
TRANSCONTINENTAL GAS PIPE LINE CO LLC	Par \$23,000, 3.950% DUE 05/15/50	22,867	24,153
V F CORP	Par \$141,000, 2.400% DUE 04/23/25	140,756	150,234
V F CORP	Par \$36,000, 2.800% DUE 04/23/27	35,941	36,746
V F CORP	Par \$36,000, 2.950% DUE 04/23/30	35,923	36,386
VMWARE INC	Par \$42,000, 4.700% DUE 05/15/30	41,850	49,876
AERCAP IRELAND CAP DESIGNATED ACTIVITY CO	Par \$150,000, 3.150% DUE 02/15/24	148,993	149,113
CORPORACION NACIONAL DEL COBRE DE CHILE	Par \$200,000, 3.750% DUE 01/15/31	199,632	218,000
DIAGEO CAP PLC	Par \$200,000, 2.125% DUE 04/29/32	198,362	208,804
SANTANDER UK PLC GLB	Par \$281,000, 2.100% DUE 01/13/23	280,829	290,880
TOTAL CAP INTL	Par \$102,000, 3.127% DUE 05/29/50	102,000	107,584
		<u>\$ 9,096,004</u>	<u>\$ 9,423,773</u>

Prepared from information certified to be complete and accurate by the trustee.

The Charles River Laboratories, Inc. Pension Plan
Schedule H, Part IV, Line 4j, Form 5500 - Schedule of Reportable Transactions
For the Year Ended December 31, 2020

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net Gain (Loss)
INDIVIDUAL TRANSACTIONS								
Dreyfus Government Cash Management Institutional	Cash equivalent	36,033,566	—	—	—	36,033,566	36,033,566	—
Dreyfus Government Cash Management Institutional	Cash equivalent	—	9,997,463	—	—	9,997,463	9,997,463	—
Dreyfus Government Cash Management Institutional	Cash equivalent	—	21,173,260	—	—	21,173,260	21,173,260	—
Dreyfus Government Cash Management Institutional	Cash equivalent	54,260,542	—	—	—	54,260,542	54,260,542	—
Dreyfus Government Cash Management Institutional	Cash equivalent	34,106,427	—	—	—	34,106,427	34,106,427	—
Dreyfus Government Cash Management Institutional	Cash equivalent	—	57,404,586	—	—	57,404,586	57,404,586	—
Dreyfus Government Cash Management Institutional	Cash equivalent	—	36,404,189	—	—	36,404,189	36,404,189	—
U.S. Treasury Bill	Cash equivalent	9,997,463	—	—	—	9,997,463	9,997,463	—
U.S. Treasury Bill	Cash equivalent	21,994,429	—	—	—	21,994,429	21,994,429	—
U.S. Treasury Bill	Cash equivalent	—	31,991,892	—	—	31,991,892	31,991,892	—
U.S. Treasury Bill	Cash equivalent	16,761,722	—	—	—	16,761,722	16,761,722	—
U.S. Treasury Bill	Cash equivalent	20,073,833	—	—	—	20,073,833	20,073,833	—
U. S. Treasury Note	Cash equivalent	—	20,071,351	—	—	20,033,590	20,033,600	37,751
U. S. Treasury Note	Cash equivalent	—	16,758,832	—	—	16,728,047	16,728,056	30,776

The Charles River Laboratories, Inc. Pension Plan
Schedule H, Part IV, Line 4j, Form 5500 - Schedule of Reportable Transactions
For the Year Ended December 31, 2020

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net Gain (Loss)
SERIES OF TRANSACTIONS IN SAME SECURITY								
Dreyfus Government Cash Management Institutional	Cash Equivalent							
	93 buys	133,803,688		—	—	133,803,688	133,803,688	—
	76 sells		135,211,952	—	—	135,211,952	135,211,952	—
U.S. Treasury Bills	Cash Equivalent							
	2 buys	31,991,892		—	—	31,991,892	31,991,892	—
	1 sell		31,991,892	—	—	31,991,892	31,991,892	—
U.S. Treasury Bills	Cash Equivalent							
	2 buys	36,835,555		—	—	36,835,555	36,835,555	—
	3 sells		499,804	—	—	499,804	499,804	—
U.S. Treasury Notes	Cash Equivalent							
	2 sells		36,830,182	—	—	36,761,637	36,761,656	68,526
*Bank of America Temporary Overnight Deposit - Custody	Cash equivalent							
	44 buys	5,271,266		—	—	5,271,266	5,271,266	—
	45 sells		5,244,796	—	—	5,244,796	5,244,796	—

* Indicates a party-in-interest as defined by ERISA.

Prepared from information certified to be complete and accurate by the trustee.

Plan Name	Charles River Laboratories, Inc. Pension Plan
Plan Sponsor EIN	76-0509980
ERISA Plan #	003
Plan Year Ending	December 31, 2020

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Charles River Laboratories, Inc. Pension Plan
Plan Sponsor EIN	76-0509980
ERISA Plan #	003
Plan Year Ending	December 31, 2020

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	