

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/04/2011</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>04/04/2011</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>04/04/2011</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>EUROFINS NSC US, INC.</u> <u>343 WEST MAIN STREET</u> <u>LEOLA, PA 17540</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>27-3225082</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>717-556-3500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541380</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>27-3225082</u>	2c Plan Sponsor's telephone number <u>717-556-3500</u>	2d Business code (see instructions) <u>541380</u>	
2b Employer Identification Number (EIN) <u>27-3225082</u>					
2c Plan Sponsor's telephone number <u>717-556-3500</u>					
2d Business code (see instructions) <u>541380</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	MARGARET STOLTZFUS
	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 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor EUROFINS NSC US, INC. 343 WEST MAIN STREET LEOLA, PA 17540	3b Administrator's EIN 27-3225082 3c Administrator's telephone number 717-556-3500
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 17714
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	6a(1) 11641 6a(2) 12072 6b 33 6c 7348 6d 19453 6e 24 6f 19477 6g 18810 6h 2135
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: 2E 2F 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 EUROFINS NSC US, INC.	D Employer Identification Number (EIN) 27-3225082	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO., INC.
94-1737782

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD GROUP, INC.
23-1945930

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

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

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

CONRAD SIEGEL

PO BOX 5900
HARRISBURG, PA 17110-0900

23-1669823

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 37 38 49 50	NONE	899127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONRAD SIEGEL INVESTMENT ADVISORS

01-0726056

(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 38 51	NONE	233842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
19 50 59 62	NONE	177861	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)

AMERICAN CENTURY INVESTMENT INC

44-6006315

(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?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FIDELITY & RESEARCH COMPANY

06-1194217

(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?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

DIMENSIONAL FUND ADVISORS LP

30-0447847

(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?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
AMERICAN CENTURY INVESTMENT MANAGEM	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY GOVERNMENT BOND R5 44-6006315	0.26% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY MANAGEMENT & RESEARCH COMP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY(R) 500 INDEX 06-1194217	0.02% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIMENSIONAL FUND ADVISORS LP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA REAL ESTATE SECURITIES I 30-0447847	0.17% OF ASSETS	

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
CHARLES SCHWAB & CO., INC.	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AVANTIS INVESTORS 360 EAST 2ND STREET LOS ANGELES, CA 90012	RANGE OF 0.00%-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(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:	TROUT CPA	b EIN:	23-1551315
c Position:	ACCOUNTANT		
d Address:	1705 OREGON PIKE LANCASTER, PA 17601	e Telephone:	717-569-2900

Explanation: TROUT INFORMED EUROFINS AT THE END OF 2021 THAT THEY WOULD NOT BE PROVIDING PLAN AUDITOR SERVICES TO THE EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN FOR 2021 OR YEARS IN THE FUTURE.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EUROFINS NSC US, INC.</u>	D Employer Identification Number (EIN) <u>27-3225082</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO INCOME

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN <u>90-6083967-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2015

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN <u>90-6083984-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2020

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN <u>90-6083982-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2025

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN <u>90-6083980-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2030

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN <u>90-6083978-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2035

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN <u>90-6083976-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2040

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN <u>90-6083974-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2045		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083972-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2050		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083970-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2055		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 27-6715091-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2060		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 45-3799419-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2065		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 82-6194314-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO INCOME		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083968-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10675142
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2015		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083953-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10294522
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2020		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083983-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45698868
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2025		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083981-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106523158
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2030		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083979-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117038498

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2035

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083977-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99707298
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2040

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083975-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86629024
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2045

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083973-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79757591
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2050

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083969-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63094106
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2055

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 27-6715074-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56761253
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2060

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 45-3799212-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32678733
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FIDUCIARY TRUST CO 2065

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 82-6190443-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3616012
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EUROFINS NSC US, INC.</u>	D Employer Identification Number (EIN) <u>27-3225082</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	49768	172354
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	514505	587251
(2) Participant contributions.....	1b(2)	1366443	1572509
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	27193976
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	9169685	9218731
(9) Value of interest in common/collective trusts	1c(9)	616505613	712474205
(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)	277320665	297981342
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	241417	402929

		(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	905168096	1049603297

Liabilities

g Benefit claims payable	1g	130130	165839
h Operating payables	1h	58137	11281
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	194	202
k Total liabilities (add all amounts in lines 1g through 1j)	1k	188461	177322

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	904979635	1049425975
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	21122404	
(B) Participants	2a(1)(B)	63751442	
(C) Others (including rollovers).....	2a(1)(C)	6262459	
(2) Noncash contributions.....	2a(2)		91136305
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	857	
(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)	451152	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		452009
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		5466078
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5466078	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5466078
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		243272
(B) Other	2b(5)(B)	243272	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		80606912
(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)		43108813
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		221013389
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	79672140	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		79672140
f Corrective distributions (see instructions).....	2f		34323
g Certain deemed distributions of participant loans (see instructions).....	2g		21051
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	899127	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	233842	
(4) Other.....	2i(4)	179156	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1312125
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		81039639
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		139973750
l Transfers of assets:			
(1) To this plan.....	2l(1)		4472590
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		3664

	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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EUROFINS NSC US, INC.</u>	D Employer Identification Number (EIN) <u>27-3225082</u>

Part I	Distributions
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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	<u>0</u>
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): <u>82-3967259</u>		
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	

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.)
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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
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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
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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.
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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) 2021
v. 201209

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 _____

Eurofins Scientific, Inc.
401(k) Incentive Savings Plan

Financial Statements and
Supplementary Information

December 31, 2021 and 2020

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

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December 31, 2021 and 2020

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Independent Auditors' Report

To the Participants and Plan Administrator of
Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of Eurofins Scientific, Inc. 401(k) Incentive Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 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, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - 2021 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions and Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), as of and for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Other Matter - Auditors' Report on the 2020 Financial Statements

The 2020 financial statements of the Plan were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report dated October 13, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the 2020 financial statements and supplemental schedules, and (b) the form and content of the information included in the 2020 financial statements and supplemental schedules other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly US, LLP

Allentown, Pennsylvania
October 17, 2022

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Noninterest bearing cash and cash equivalents	\$ 172,354	\$ 49,768
Investments at fair value	1,038,052,452	894,067,695
Receivables:		
Participant contributions	1,572,509	1,366,443
Employer contribution	587,251	514,505
Notes receivable from participants	<u>9,218,731</u>	<u>9,169,685</u>
Total receivables	<u>11,378,491</u>	<u>11,050,633</u>
Total assets	1,049,603,297	905,168,096
Liabilities		
Accrued expenses	<u>11,483</u>	<u>58,331</u>
Net assets available for benefits	<u>\$ 1,049,591,814</u>	<u>\$ 905,109,765</u>

See notes to financial statements

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

Additions

Investment income:

Net appreciation in fair value of investments	\$ 123,958,997
Interest and dividends	<u>5,466,935</u>

Total investment income	<u>129,425,932</u>
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Interest income on notes receivable from participants	<u>451,152</u>
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Contributions:

Participants	63,751,442
Rollovers	6,262,459
Employer	<u>21,122,404</u>

Total contributions	<u>91,136,305</u>
---------------------	-------------------

Total additions	<u>221,013,389</u>
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Deductions

Benefits paid to participants	79,657,482
Corrective distributions	34,323
Administrative expenses	<u>1,312,125</u>

Total deductions	<u>81,003,930</u>
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Net increase	140,009,459
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Transfer in of Assets due to Plan Mergers (Note 1)	4,472,590
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Net Assets Available for Benefits

Beginning of year	<u>905,109,765</u>
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End of year	<u><u>\$ 1,049,591,814</u></u>
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See notes to financial statements

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements
December 31, 2021 and 2020

1. Description of the Plan

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

General

The Plan is a defined contribution plan covering all eligible employees of Eurofins NSC, Inc. (the Company). Employees become eligible for elective deferrals after attaining one hour of service. After 90 days of service, employees become eligible to receive employer matching contributions. High school or college student employees working during semester breaks, nonresident aliens, and leased employees are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrator is responsible for the oversight of the Plan. In collaboration with the investment advisor, the Trustees determine the appropriateness of the investment offerings and monitor investment performance.

A controlled group is generally considered one employer for Form 5500 reporting purposes. Participating employers under the Eurofins Scientific, Inc. 401(k) Incentive Savings Plan are as follows:

Eurofins Scientific, Inc.
Product Safety Labs, Inc.
Eurofins Central Laboratory, LLC

Eurofins Analytical Laboratories, Inc.
Eurofins Genomics, LLC
Eurofins Agroscience Services, LLC
Eurofins Microbiology Laboratories, Inc.
Eurofins DQCI, LLC
Eurofins QTA, Inc.
Eurofins Frontier Global Sciences, Inc.
Eurofins Panlabs, Inc.
Eurofins Pharma BioAnalytics Services US, Inc.
Eurofins Calscience, Inc.
Eurofins S F Analytical Laboratories, Inc.

Eurofins Lancaster Laboratories Professional Scientific Services, LLC
Eurofins Product Testing US, Inc.
Eurofins BioDiagnostics, Inc.
EGL Genetic Diagnostics, LLC
Eurofins Spectrum Analytical, Inc.
Eurofins Lancaster Laboratories Environmental, LLC
Eurofins QC, Inc.
Eurofins Eaton Analytical, Inc.
Eurofins Air Toxics, Inc.
Eurofins NSC US, Inc.
Eurofins Lancaster Laboratories, Inc.

Eurofins NTD, Inc.
Eurofins Viracor, Inc.

Eurofins VRL, Inc.
Eurofins Advantar Laboratories, Inc.
Eurofins Clinical Diagnostics US NDSC, Inc.

Boston Heart Diagnostics Corporation
Eurofins DiscoverX Corporation
Eurofins Digital Media Services, LLC
Eurofins Electrical and Engineering Testing NA, Inc.
Eurofins CEI, Inc.
Eurofins Cyber Security North America, Inc.
Eurofins Genomics Engineering, LLC
The National Food Lab, Inc.
Eurofins Food Chemistry Testing Madison, Inc.
Eurofins Botanical Testing US, Inc.
Eurofins CRL Cosmetics, Inc.
Gold Standard Diagnostics Corporation
Eurofins EAG Material Science, LLC
Eurofins BioPharma Product Testing Columbia, Inc.
Eurofins EAG Agroscience, LLC

Eurofins EAG Engineering Science, LLC
Eurofins Genomics Blue Heron, LLC
Transplant Genomics, Inc.
TestAmerica Environmental Services, LLC
Eurofins Nanolab Technologies, Inc.

Eurofins J3 Resources, Inc.
Eurofins Viracor BioPharma Services, Inc.
Eurofins DiscoverX Products, LLC
Eurofins ARCA Technology, Inc.
Eurofins NDSC Environment Testing Americas, Inc.
TestAmerica Laboratories, Inc.
Eurofins Precision TEM, LLC
Eurofins EPK Built Environment Testing Northeart, LLC
Environmental Sampling Supply
Eurofins Aerotech Built Environment Testing, Inc.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements

December 31, 2021 and 2020

Eurofins Diatherix Laboratories, Inc.
Eurofins ANA Laboratories, Inc.
Eurofins Abraxis, Inc.
Eurofins Food Assurance Certification US, LLC
Eurofins Beacon Discovery, Inc.
Eurofins CellTx Inc.

Eurofins Xenco, LLC
Clinical Enterprises, Inc.
Eurofins Food Assurance US, LLC
Eurofins Pandemic Prevention Service, Inc.
Insight Services, Inc.

Contributions

Each year participants are allowed to contribute up to 75% of eligible compensation, as defined in the plan document. Participants may designate all or a portion of their deferral contributions as after tax contributions. Participants who have attained age 50 before the end of the plan year are eligible to make catch up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers). The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled at a rate of 6% of eligible compensation, unless they affirmatively elect not to participate in the Plan. Additionally, participants automatically enrolled in the Plan, who subsequently decide not to participate in the Plan within 90 days of being auto enrolled, can request such deferral contributions made during this time to be refunded. The Company may make a discretionary matching contribution to the Plan. The matching contribution is determined each Plan year. Additional profit sharing and nonelective contributions may be made at the option of the board of directors. The employer profit sharing contribution, if any, is generally allocated to eligible employees ratably as a percentage of compensation. During the year ended December 31, 2021, the Company made a profit sharing contribution of \$4,530 to eligible employees of Insight Services, Inc. Participants direct the investment of all contributions to their accounts into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Plan Restatement and Amendments

Effective January 1, 2020, the Plan Sponsor created two break out companies, Eurofins Viracor BioPharma Services, Inc. and Eurofins DiscoverX Products, LLC from existing participating employers, through which employees were transferred from other participating employers. The Plan was amended to recognize Eurofins Viracor BioPharma Services, Inc. and Eurofins DiscoverX Products, LLC as participating employers in the Plan.

Effective January 1, 2020, the Plan was amended to recognize TestAmerica Environmental Services, LLC, TestAmerica Laboratories, Inc., NanoLab Technologies, Inc., Eurofins J3 Resources, Inc., Eurofins DiscoverX Products, LLC, and Eurofins Viracor BioPharma Services, Inc. as participating employers in the Plan.

Effective January 1, 2020, for participants covered by the TestAmerica Environmental Services, LLC 401(k) Savings Plan, the Plan was amended to: permit in service withdrawals from employer contribution accounts for those who have completed 10 years of participation; permit in service hardship withdrawals from employer contribution accounts; and permit in service withdrawals from nondeductible employee contribution accounts.

Effective January 1, 2020, for participants covered by the TestAmerica Environmental Services, LLC 401(k) Savings Plan, the Plan was amended to preserve the early retirement provisions of the TestAmerica Environmental Services, LLC 401(k) Savings Plan, which state a participant may retire after attaining age 55 and the participant's right to his/her account balance shall be 100% vested and nonforfeitable.

Effective January 1, 2020, the Plan Sponsor acquired EMLab P&K, LLC, Environmental Sampling Supply and Aerotech Laboratories, Inc. The Plan was amended to recognize EMLab P&K, LLC, Environmental Sampling Supply and Aerotech Laboratories, Inc. as participating employers in the Plan.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements

December 31, 2021 and 2020

Effective January 1, 2020, the plan was amended to permit in service withdrawals from nondeductible employee contribution accounts by participants covered by merged plans.

Effective January 1, 2020, the Plan was amended to recognize that Blue Heron Biotech, LLC is now renamed Eurofins Genomics Blue Heron, LLC.

Effective January 2, 2020, the Plan Sponsor created a break out company, Eurofins ARCA Technology, Inc., from an existing participating employer, through which employees were transferred from another participating employer. The Plan was amended to recognize Eurofins ARCA Technology, Inc. as a participating employer.

Effective March 1, 2020, the Plan Sponsor created a break out company, Eurofins NDSC Environment Testing Americas, Inc., from an existing participating employer, through which employees were transferred from another participating employer. The Plan was amended to recognize Eurofins NDSC Environment Testing Americas, Inc. as a participating employer.

Effective March 23, 2020, the Plan Sponsor created a break out company EmpowerDX, Inc., from an existing participating employer, through which employees were transferred from another participating employer.

Effective April 1, 2020, the Plan Sponsor acquired Precision TEM, LLC and as of this date, the Plan was amended to recognize Precision TEM, LLC as a participating employer.

Effective during April 2020, the Plan adopted provisions in accordance with the CARES Act to allow for coronavirus related plan distributions and loans to qualified participants who have been impacted by the pandemic. Qualified participants who request and certify eligibility under the CARES Act prior to December 31, 2020, may request a distribution or loan (prior to 180 days subsequent to March 27, 2020) equal to the lesser of \$100,000 or their entire account balance. If a qualified individual has an outstanding loan as of the date of the CARES enactment or is granted a new loan at this time, the loan payments with a due date from the CARES enactment through December 31, 2020, may be suspended for up to 12 months. The suspended loan is then reamortized with any interest that accrued during the payment delay period. The reamortization period for a new loan will be a maximum of 60 months from January 1, 2021. If the loan was already in place, the CARES suspension period is disregarded in determining compliance with the 60 month rule or 120 month rule for loans for the purchase of a principal residence.

Effective July 1, 2020, the plan sponsor acquired Xenco Laboratories, LLC, and was subsequently renamed Eurofins Xenco, LLC. Effective July 1, 2020, the Plan was amended to recognize Eurofins Xenco, LLC as a participating employer.

Effective July 31, 2020, the Plan was amended to remove Avogadro LS, Inc. as a participating employer under the Plan.

Effective August 1, 2020, the Plan was amended to recognize that EmpowerDX, Inc. is now renamed Clinical Enterprises, Inc.

Effective October 12, 2020, the plan sponsor acquired Hawaii Cellular Therapy and Transplant Laboratory, and subsequently merged Hawaii Cellular Therapy and Transplant Laboratory into Eurofins VRL, Inc.

Effective November 30, 2020, Eurofins Clinical Molecular Testing, LLC merged into Eurofins Viracor, Inc.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements

December 31, 2021 and 2020

Effective January 1, 2021, the Plan was amended to recognize that Diatherix Laboratories, Inc. is now renamed Eurofins Diatherix Laboratories, Inc., Eurofins Met Laboratories, Inc. is now renamed Eurofins Electrical and Engineering Testing NA, Inc., Nanolab Technologies, Inc. is now renamed Eurofins Nanolab Technologies, Inc., EMLab P&K, LLC is now renamed Eurofins EPK Built Environment Testing Northeast, LLC.

Effective January 1, 2021, and retroactively applied through January 22, 2018, the Plan was amended to recognize that DiscoverX Corporation is now renamed Eurofins DiscoveRx Corporation.

Effective January 1, 2021, and retroactively applied through April 2, 2018, the Plan was amended to recognize that Eurofins Advantar, Inc. is now renamed Eurofins Advantar Laboratories, Inc.

Effective January 1, 2021, and retroactively applied through October 29, 2019, the Plan was amended to recognize that Eurofins Sensory, Consumer Research and Product Design US Holdings, Inc. is now renamed The National Food Lab, Inc.

Effective January 1, 2021, and retroactively applied through February 7, 2020, the Plan was amended to recognize that Eurofins Food Chemistry Testing US, Inc. is now renamed Eurofins Food Chemistry Testing Madison, Inc.

Effective January 1, 2021, and retroactively applied through October 6, 2020, the Plan was amended to recognize that Aerotech Laboratories, Inc. is now renamed Eurofins Aerotech Built Environment Testing, Inc.

Effective January 1, 2021, the plan was amended to recognize Eurofins Food Assurance US, LLC and Eurofins Food Assurance Certification US, LLC as participating employers.

Effective January 1, 2021, upon its merger with another participating employer under the Plan, Eurofins Clinical Molecular Testing ceased to be a separate participating employer under the Plan.

Effective January 1, 2021, EGL Genetic Diagnostics, LLC merged into Eurofins NTD, LLC.

Effective February 25, 2021, the plan was amended to recognize Eurofins Pandemic Global Prevention Services as a participating employer.

Effective April 1, 2021, the plan was amended to recognize Eurofins Beacon Discovery, Inc. as a participating employer.

Effective April 15, 2021, the plan was amended to recognize that Precision TEM, LLC is now renamed Eurofins Precision TEM, LLC.

Effective June 28, 2021, the Beacon Discovery, Inc. 401(k) Profit Sharing Plan merged into the Plan.

Effective July 1, 2021, the plan was amended to recognize that Eurofins Viracor, Inc. is now renamed Eurofins Viracor, LLC., Eurofins Lancaster Laboratories Environmental, LLC is now renamed Eurofins Lancaster Laboratories Environment Testing, LLC, and Eurofins QC, LLC is now renamed Eurofins Environment Testing Philadelphia, LLC.

Effective August 1, 2021, the Plan was amended to recognize Insight Services, Inc. as a participating employer.

Effective August 1, 2021, the Plan was amended to recognize service with Insight Services, Inc. as a predecessor employer.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements

December 31, 2021 and 2020

Effective August 1, 2021, the Plan was amended to provide a one-time employer contribution for employees of Insight Services, Inc. equal to 3% of compensation earned with the July 23, 2021 payroll for any employee that had at least 90 days of service with such former employer.

Effective September 10, 2021 the plan was amended to recognize Eurofins CellTx Inc. as a participating employer.

Effective October 8, 2021, the plan was amended to recognize that Eurofins Pandemic Global Prevention Services, Inc. is now renamed Eurofins Pandemic Prevention Service, Inc.

Plan Mergers

Effective June 28, 2021, the plan sponsor acquired Beacon Discovery, Inc. Accordingly, assets totaling \$4,472,590 were received by the Plan during the year ended December 31, 2021.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Company's matching contributions and nonelective contributions (when made), as well as allocation(s) of the Company's profit sharing contribution and the Plan's earnings. Participants are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. If a participant in the Plan terminates employment other than by retirement, disability or death, employer contributions and earnings or losses thereon vest in accordance with the following table:

<u>Years of Service</u>	<u>Percentage</u>
1	33 %
2	66
3	100

Effective March 23, 2020, the Plan was amended to provide transitional vesting rules with respect to employees of Clinical Enterprises, Inc. (formerly known as EmpowerDX, Inc.). Participants employed by Clinical Enterprises, Inc. (formerly known as EmpowerDX, Inc.) prior to March 23, 2020, shall be 100% vested.

During the year ended December 31, 2020, the Plan was amended to provide transitional vesting rules with respect to employees of certain acquired companies. Effective on various dates, participants employed by EMLab P&K, LLC, Environmental Sampling Supply, Aerotech Laboratories, Inc., TestAmerica Laboratories, Inc., Precision TEM, LLC, Xenco Laboratories, LLC, and Hawaii Cellular Therapy and Transplant Laboratory, shall be 100% vested after three or more years.

During the year ended December 31, 2021, the Plan was amended to provide transitional vesting rules with respect to employees of Beacon Discovery, Inc. Effective March 1, 2021, participants covered by the Beacon Discovery, Inc. 401(k) Profit Sharing Plan on or before June 28, 2021 who have a profit sharing account balance shall remain 100% vested in such merged account.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements

December 31, 2021 and 2020

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or the 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rates range from 3.25% to 10.00% at December 31, 2021, which are commensurate with local prevailing rates at inception of the loan and remains fixed throughout the duration of the loan, is set at 1% above the prime rate. Principal and interest is paid ratably through payroll deductions. Terms range from one to five years or greater for the purchase of a primary residence. Participants are only permitted to have two outstanding loans at a time.

Payment of Benefits

On termination of service due to disability, retirement, or termination of employment, a participant may elect to receive a lump sum distribution, direct rollover distribution or a combination of the two in an amount equal to the value of the participants vested interest in his/her account. The normal retirement age is 65. The plan administrator may automatically pay out any terminated participant accounts with a balance of \$1,000 or less.

A participant or beneficiary is permitted to elect to receive distribution of his/her account as a lump sum payment or installment payments if the vested account balance exceeds \$5,000. If the vested account balance does not exceed \$5,000, lump sum payment shall be the sole payment option.

The Plan allows hardship distributions to participants of all or part of their salary deferrals and the earnings thereon in their account for qualifying expenses as further outlined in the plan document.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$949,016 and \$871,438, respectively. These accounts will be used to reduce future company contributions. In 2021, the Company's contributions were reduced by \$922,240 from forfeited nonvested accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents include noninterest bearing cash. The Plan maintains cash deposits at financial institutions where the account balance is not FDIC insured. At December 31, 2021 and 2020, net pending trades of \$(109,879) and \$(183,505), respectively, are included in noninterest bearing cash.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements

December 31, 2021 and 2020

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees, in collaboration with the Plan's investment advisor, determines the Plan's valuation policies utilizing information provided by the custodian and its related parties. The Plan's investment in the collective investment trusts are valued using net asset value (NAV) as a practical expedient. Plan Management determined that the practical expedient is preferable since participants are able to transact at NAV, and other fair value information is not readily available to management. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Effective February 1, 2022, the DNA Diagnostics Center, Inc. 401(k) Plan merged into the plan with assets of \$10,398,120.

Effective September 23, 2022, The Flowers Chemical Laboratories 401(k) Profit Sharing Plan and Trust Merged into the plan with assets of \$514,017.

The Plan has evaluated subsequent events for recognition or disclosure through October 17, 2022, the date the financial statements were available to be issued.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements

December 31, 2021 and 2020

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The collective trust funds are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Private equity funds are valued on a periodic basis based on a combination of methods, including, but not limited to: historical performance, earnings predictions, price of recent investments, projected cash flows, and industry analyses.

Money market fund is valued at the quoted NAV of shares held by the Plan at year-end.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements

December 31, 2021 and 2020

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 297,981,342	\$ -	\$ -	\$ 297,981,342
Private equity funds	-	-	402,929	402,929
Money market account	27,193,976	-	-	27,193,976
Total assets in the fair value hierarchy	<u>\$ 325,175,318</u>	<u>\$ -</u>	<u>\$ 402,929</u>	325,578,247
Investments measured at net asset value (a)				<u>712,474,205</u>
Total investments at fair value				<u>\$ 1,038,052,452</u>
Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 277,320,665	\$ -	\$ -	\$ 277,320,665
Private equity funds	-	-	241,417	241,417
Total assets in the fair value hierarchy	<u>\$ 277,320,665</u>	<u>\$ -</u>	<u>\$ 241,417</u>	277,562,082
Investments measured at net asset value (a)				<u>616,505,613</u>
Total investments at fair value				\$ 894,067,695

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

There were no purchases, issuances or transfers in or out of Level 3 investments during the year ended December 31, 2021.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements

December 31, 2021 and 2020

Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2021 and 2020. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2021				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective trust funds	\$ 712,474,205	N/A	Daily	None
December 31, 2020				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective trust funds	\$ 616,505,613	N/A	Daily	None

4. Administration of Plan Assets

The Plan's assets are administered under a contract with Charles Schwab Trust Bank, the custodian of the Plan. The custodian invests funds received from contributions, investment sales, interest and dividend income and makes distribution payments to participants.

5. Related-Party and Party In Interest Transactions

Certain of the Plan's investments are managed by the custodian Charles Schwab Trust Bank, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment manager services are included in net appreciation in the fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their Company contributions.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements

December 31, 2021 and 2020

7. Tax Status

The Plan adopted a volume submitter plan offered by Conrad M Siegel Inc. The volume submitter plan received an advisory letter dated June 30, 2020, that the Plan, and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax exempt.

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

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

As of December 31, 2021 and 2020, the Plan had investments of \$223,561,656 and \$203,289,224 respectively, that were concentrated in two funds.

9. Information Certified by Custodian

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2021 and 2020. Accordingly, Charles Schwab Trust Bank, the custodian of the Plan, has certified to the completeness and accuracy of a portion of the investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021, and a portion of the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits and Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021.

	2021	2020
Noninterest bearing cash and cash equivalents	\$ 59,406	\$ 49,768
Investments at fair value:		
Money market funds	27,194,141	-
Mutual funds	297,981,177	277,320,665
Collective investment trusts	712,474,205	616,505,613
Total investments	\$ 1,037,708,929	\$ 893,876,046
Net appreciation in fair value of investments	\$ 123,715,725	

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements

December 31, 2021 and 2020

10. Delinquent Participant Contributions

For the year ended December 31, 2020, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on the Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions, which totaled \$3,664, were corrected through the Department of Labor Voluntary Fiduciary Correction Program in 2021. Additionally, the Company has compensated participants for lost earnings resulting from the delay in contributions.

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to Schedule H of Form 5500 for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per financial statements	\$ 1,049,591,814	\$ 905,109,765
Benefit claims payable per Form 5500	<u>(165,839)</u>	<u>(130,130)</u>
Net assets per Form 5500	<u>\$ 1,049,425,975</u>	<u>\$ 904,979,635</u>

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2021:

Benefits paid to participants per financial statements	\$ 79,657,482
2020 benefit claims payable per Form 5500	(130,130)
2021 benefit claims payable per Form 5500	<u>165,839</u>
Benefits paid to participants per Form 5500	<u>\$ 79,693,191</u>

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions

EIN: 27-3225082 Plan Number: 002

Year Ended December 31, 2021

Participant Contributions Transferred Late to the Plan (1)	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
2020 \$ 3,664	\$ -	\$ -	\$ -	\$ 3,664

(1) Amount does not include participant loan repayments.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

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

EIN: 27-3225082 Plan Number: 002

December 31, 2021

(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
Money Market Fund				
*	Charles Schwab	Charles Schwab Bank Savings	N/R	\$ 27,193,976
Common Collective Trusts				
	Vanguard	Vanguard Target Retirement 2030 Tr I	N/R	117,038,498
	Vanguard	Vanguard Target Retirement 2025 Tr I	N/R	106,523,158
	Vanguard	Vanguard Target Retirement 2035 Tr I	N/R	99,707,298
	Vanguard	Vanguard Target Retirement 2040 Tr I	N/R	86,629,024
	Vanguard	Vanguard Target Retirement 2045 Tr I	N/R	79,757,591
	Vanguard	Vanguard Target Retirement 2050 Tr I	N/R	63,094,106
	Vanguard	Vanguard Target Retirement 2055 Tr I	N/R	56,761,253
	Vanguard	Vanguard Target Retirement 2020 Tr I	N/R	45,698,868
	Vanguard	Vanguard Target Retirement 2060 Tr I	N/R	32,678,733
	Vanguard	Vanguard Target Retirement Income Tr I	N/R	10,675,142
	Vanguard	Vanguard Target Retirement 2015 Tr I	N/R	10,294,522
	Vanguard	Vanguard Target Retirement 2065 Tr I	N/R	3,616,012
Total common collective trusts				712,474,205
Mutual Funds				
	Vanguard	Vanguard Growth Index Fund Instl	N/R	64,697,789
	Fidelity	Fidelity 500 Index Fund	N/R	46,263,399
	Vanguard	Vanguard Mid Cap Growth Index Admiral	N/R	24,634,568
	Vanguard	Vanguard Wellington Admiral	N/R	22,534,869
	Vanguard	Vanguard Value Index Instl Shares	N/R	18,848,366
	Vanguard	Vanguard Small Cap Growth Index Instl	N/R	17,743,274
	Vanguard	Vanguard Mid Cap Index Fund Instl	N/R	14,938,550
	Vanguard	Vanguard Total Intl Stock Index Inst	N/R	11,216,305
	Vanguard	Vanguard Mid Cap Value Index Admiral	N/R	10,795,730
	Vanguard	Vanguard Small Cap Index Instl	N/R	10,504,253
	Vanguard	Vanguard Total Bond Market Index Adm	N/R	9,291,951
	American Century	American Century Govt Bond Instl	N/R	8,354,684
	Vanguard	Vanguard Short Term Investment Grade Adm	N/R	7,648,101
	Dimensional Fund Advisors	DFA Real Estate Securities Port Instl	N/R	6,764,744
	Vanguard	Vanguard Developed Markets Index Instl	N/R	5,897,912
	Vanguard	Vanguard Small Cap Value Index Instl	N/R	5,701,271
	Vanguard	Vanguard Emerging Markets Stock Index Instl	N/R	5,131,490
	Vanguard	Vanguard Short Term Inflation Prot Adm	N/R	4,155,375
	Vanguard	Vanguard FTSE All World Ex US Small Cap	N/R	2,858,546
*	Charles Schwab	Charles Schwab Retirement Govt Money Fund	N/R	165
Total mutual funds				297,981,342
Private Investment Fund				
	NB Select OPS	NB Select OPS (Cayman) II	N/R	358,508
	Blackstone	BX/GSO Secured Lending Fund	N/R	48,951
	CPG Vintage Access	CPG Vintage Access Fund II	N/R	33,603
	Blackstone	BX/GSO Secured Lending Fund CPV	N/R	8,414
	CPG Vintage Access	CPG Vintage Access Fund II CPV	N/R	5,000
	CPG Vintage Access	CPG Vintage Access Fund II DPV	N/R	(2,547)
	NB Select OPS	NB Select OPS (Cayman) II DPV	N/R	(49,000)
Total private investment funds				402,929
Total investments at fair value				1,038,052,452
Participant Loans				
*		Interest rates: 3.25% - 10.00%	\$0	9,218,731
				<u>\$ 1,047,271,183</u>

* A party in interest as defined by ERISA
N/R - cost omitted for participant directed investments

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information—enter all requested information		
1a Name of plan Eurofins Scientific, Inc. 401(k) Incentive Savings Plan	1b Three-digit plan number (PN) ▶	002
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) Eurofins NSC US, Inc. 343 West Main Street Leola PA 17540		1c Effective date of plan 04/04/2011 2b Employer Identification Number (EIN) 27-3225082 2c Plan Sponsor's telephone number 717-556-3500 2d Business code (see instructions) 541380

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		10/17/2022	Margaret Stoltzfus
	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 (2021)
v. 201209

3a Plan administrator's name and address ☐ Same as Plan Sponsor Eurofins NSC US, Inc. 343 West Main Street Leola PA 17540	3b Administrator's EIN 27-3225082 3c Administrator's telephone number 717-556-3500
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 17,714
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	6a(1) 11,641 6a(2) 12,072 6b 33 6c 7,348 6d 19,453 6e 24 6f 19,477 6g 18,810 6h 2,135
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: 2E 2F 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Schedule C, line 2(h) – Formula Description

Plan Name: Eurofins Scientific, Inc. 401(k) Incentive Savings Plan
Employer I.D. #: 27-3225082
Plan Number: 002

(a) Name of Investment Fund (Source of Compensation)	(b) Name of Investment Adviser (Service Provider)	(c) Formula as Percentage of Assets	(d) Other Formula, if any
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See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year)

Plan Name: Eurofins Scientific, Inc. 401(k) Incentive Savings Plan
Employer I.D. #: 27-3225082
Plan Number: 002

(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) Costs of acquisitions	(d) Proceeds of dispositions
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Schedule of Assets (Acquired and Disposed of Within Year) is contained in the attached audit report.

Schedule H, Line 4a - Schedule Of Delinquent Participant Contributions

Plan Name: Eurofins Scientific, Inc. 401(k) Incentive Savings Plan
Employer I.D.#: 27-3225082
Plan Number: 002

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51

Schedule of Delinquent Participant Contributions is contained in the attached audit report.

Schedule H, line 4i – Schedule of Assets (Held At End of Year)

Plan Name: Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Employer I.D. #: 27-3225082

Plan Number: 002

(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
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Schedule of Assets (Held At End of Year) is contained in the attached audit report.