

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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
		1c Effective date of plan 04/04/2011
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	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	Filed with authorized/valid electronic signature.	03/06/2026	RYAN CORSO
	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

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 19477
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) 12072 6a(2) 13276 6b 45 6c 8627 6d 21948 6e 26 6f 21974 6g(1) 6g(2) 21327 6h 3039
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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 Characteristic 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
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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)

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

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

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

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	1014170	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	228671	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	155271	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	0.25% 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 500 INDEX 06-1194217	0.015% 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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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 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>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD FIDUCIARY TRUST CO INCOME</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083968-001</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>17320511</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD FIDUCIARY TRUST CO 2015</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083953-001</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>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD FIDUCIARY TRUST CO 2020</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083983-001</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>36735923</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD FIDUCIARY TRUST CO 2025</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083981-001</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>87147697</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD FIDUCIARY TRUST CO 2030</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083979-001</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>102792492</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD FIDUCIARY TRUST CO 2035</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083977-001</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>85474337</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD FIDUCIARY TRUST CO 2040</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083975-001</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>74130266</u>

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) 69327655
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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) 55480828
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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) 52616345
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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) 35036484
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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) 6932586
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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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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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury 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 2025 This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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	172354	322116
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	587251	918096
(2) Participant contributions.....	1b(2)	1572509	1730598
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	27193976	31413510
(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)	9218731	9199932
(9) Value of interest in common/collective trusts	1c(9)	712474205	622995124
(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)	297981342	246269719
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	402929	357355

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e).....	1f	1049603297	913206450

Liabilities

1g Benefit claims payable	1g	165839	113957
1h Operating payables	1h	11281	9685
1i Acquisition indebtedness.....	1i		
1j Other liabilities.....	1j	202	24065
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	177322	147707

Net Assets

1l Net assets (subtract line 1k from line 1f).....	1l	1049425975	913058743
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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)	24503465	
(B) Participants	2a(1)(B)	72358686	
(C) Others (including rollovers).....	2a(1)(C)	6343100	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		103205251
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	181783	
(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)	428343	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		610126
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5649212	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5649212
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	11780	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		11780

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-118353467
(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)		-66552628
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-75429726

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	70788521	
(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)		70788521
f Corrective distributions (see instructions)	2f		23768
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	228671	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	155271	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1398213
j Total expenses. Add all expense amounts in column (b) and enter total	2j		72210502

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-147640228
l Transfers of assets:			
(1) To this plan	2l(1)		11272996
(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** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)	☒	☐	76548
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☐	

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 _____.

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

Financial Statements and
Supplementary Information

December 31, 2022 and 2021

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

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December 31, 2022 and 2021

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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

We have performed audits 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 statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 - 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, 2022, 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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).

Emphasis of Matter - Correction of Error

As further discussed in Notes 9 and 11 to the financial statements, the 2022 financial statements are restated to correct an error. Our opinion is not modified with respect to this matter.



Allentown, Pennsylvania

October 11, 2023, except for Notes 9 and 11 as to which the date is February 4, 2026

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

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

	2022	2021
Assets		
Noninterest bearing cash and cash equivalents	\$ 322,116	\$ 172,354
Investments at fair value	901,035,708	1,038,052,452
Receivables:		
Participant contributions	1,730,598	1,572,509
Employer contribution	918,096	587,251
Notes receivable from participants	9,199,932	9,218,731
Total receivables	11,848,626	11,378,491
Total assets	913,206,450	1,049,603,297
Liabilities		
Accrued expenses	33,750	11,483
Net assets available for benefits	\$ 913,172,700	\$ 1,049,591,814

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, 2022

Additions

Investment (loss) income:

Net depreciation in fair value of investments	\$ (184,894,315)
Interest and dividends	<u>5,830,995</u>

Total investment loss	<u>(179,063,320)</u>
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Interest income on notes receivable from participants	<u>428,343</u>
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Contributions:

Participants	72,358,686
Rollovers	6,343,100
Employer	<u>24,503,465</u>

Total contributions	<u>103,205,251</u>
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Net additions	<u>(75,429,726)</u>
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Deductions

Benefits paid to participants	70,840,403
Corrective distributions	23,768
Administrative expenses	<u>1,398,213</u>

Total deductions	<u>72,262,384</u>
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Net decrease	(147,692,110)
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Transfer in of Assets due to Plan Mergers (Note 1)	11,272,996
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Net Assets Available for Benefits

Beginning of year	<u>1,049,591,814</u>
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End of year	<u><u>\$ 913,172,700</u></u>
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Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Notes to Financial Statements
December 31, 2022 and 2021

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 Food Chemistry Testing Des Moines, Inc.	Eurofins Genomics Engineering, LLC
Product Safety Labs, Inc.	Eurofins Cyber Security North America, Inc.
Eurofins Central Laboratory, LLC	The National Food Lab, Inc.
Eurofins Analytical Laboratories, Inc.	Eurofins Food Chemistry Testing Madison, Inc.
Eurofins Genomics, LLC	Eurofins Botanical Testing US, Inc.
Eurofins Agrosience Services, LLC	Eurofins CRL Cosmetics, Inc.
Eurofins Microbiology Laboratories, Inc.	Gold Standard Diagnostics Corporation
Eurofins DQCI, LLC	Eurofins EAG Material Science, LLC
Eurofins Environment Testing Northern California, LLC	Eurofins BioPharma Product Testing Columbia, Inc.
Eurofins QTA, Inc.	Eurofins EAG Engineering Science, LLC
Eurofins Environment Testing Northwest, LLC	Eurofins EAG Agrosience, LLC
Eurofins Panlabs, Inc.	Eurofins Genomics Blue Heron, LLC
Eurofins Pharma BioAnalytics Services US, Inc.	Transplant Genomics, Inc.
Eurofins Environment Testing Southwest, LLC	Eurofins Nanolab Technologies, Inc.
Eurofins NTD, LLC	Eurofins DiscoverX Products, LLC
Eurofins Donor & Product Testing, Inc.	Eurofins ARCA Technology, Inc.
Eurofins Viracor, LLC	Eurofins Viracor BioPharma Services, Inc.
Eurofins Advantar Laboratories, Inc.	Eurofins EPK Built Environment Testing, LLC
Eurofins SF Analytical Laboratories, Inc.	Environmental Sampling and Supply
Eurofins Lancaster Laboratories Professional Scientific Services, LLC	Eurofins Aerotech Built Environment Testing, Inc.
Eurofins Product Testing US, Inc.	TestAmerica Laboratories, Inc.
Eurofins BioDiagnostics, Inc.	Eurofins J3 Resources, Inc.
Eurofins Environment Testing Northeast, LLC	Eurofins Environment Testing South Central, LLC
Eurofins Lancaster Laboratories Environmental Testing, LLC	Eurofins NDSC Environment Testing Americas, Inc.
Eurofins Environment Testing Philadelphia, LLC	Clinical Enterprises, Inc.
Eurofins Eaton Analytical, Inc.	Eurofins Precision TEM, LLC
Eurofins Lancaster Laboratories, Inc.	Eurofins TestOil, Inc.
Eurofins Abraxis, Inc.	Eurofins Food Assurance US, LLC
Eurofins Clinical Diagnostics US NDSC, Inc.	Eurofins Food Assurance Certification US, LLC
Eurofins Diatherix Laboratories, LLC	Eurofins Pandemic Prevention Service, Inc.
Eurofins ANA Laboratories, LLC	Eurofins Beacon Discovery, Inc.
Boston Heart Diagnostics Corporation	Eurofins CellTx Inc.
Eurofins DiscoverRX Corporation	DNA Diagnostics Center, Inc.
Eurofins Digital Media Services, LLC	Experchem US, Inc.
Eurofins Electrical and Electronic Testing NA, Inc.	Eurofins Environment Testing Southeast, LLC
Eurofins CEI, Inc.	Eurofins Environment Testing North Central, LLC
	Eurofins MTS Consumer Product Testing US, LLC
	Eurofins BioPharma Product Testing ENCO, Inc.
	Eurofins Analytics, LLC

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

Notes to Financial Statements

December 31, 2022 and 2021

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. 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, 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.

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

Notes to Financial Statements

December 31, 2022 and 2021

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.

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.

Effective February 1, 2022, the DNA Diagnostics Center, Inc. 401(k) Plan merged into the Plan.

Effective March 1, 2022, the Plan was amended to recognize that Eurofins Scientific, Inc. is now renamed Eurofins Food Chemistry Testing Des Moines, Inc.

Effective April 1, 2022, the Plan was amended to recognize Eurofins MTS Consumer Product Testing US, LLC as a participating employer.

Effective July 13, 2022, the Plan was amended to recognize that Insight Services, Inc. is now renamed Eurofins TestOil, Inc.

Effective September 23, 2022, the Flowers Chemical Laboratories 401(k) Profit Sharing Plan merged into the Plan.

Effective October 1, 2022, the Plan was amended to recognize Eurofins BioPharma Product Testing ENCO, Inc. as a participating employer.

Effective October 12, 2022, the Modern Testing Services LLC 401(k) Profit Sharing Plan merged into the Plan.

Effective November 1, 2022, the Plan was amended to recognize Eurofins Analytics, LLC as a participating employer.

Effective December 13, 2022, the portion of the Plan maintained on behalf of Eurofins Digital Medical Services, LLC and its employees is fully discontinued.

Plan Mergers

Effective February 1, 2022, the plan sponsor acquired DNA Diagnostics Center, Inc. 401(k) Plan. Accordingly, assets totaling \$10,527,262, which includes \$129,142 of loan transfers, were received by the Plan during the year ended December 31, 2022.

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

Notes to Financial Statements

December 31, 2022 and 2021

Effective September 23, 2022, the plan sponsor acquired Flower Chemical Laboratories 401(k) Profit Sharing Plan. Accordingly, assets totaling \$520,508, which includes \$6,509 of loan transfers, were received by the Plan during the year ended December 31, 2022.

Effective October 12, 2022, the plan sponsor acquired Modern Testing Services LLC 401(k) Profit Sharing Plan. Accordingly, assets totaling \$225,226, which includes \$4,238 of loan transfers, were received by the Plan during the year ended December 31, 2022.

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:

Years of Service	Percentage
1	33 %
2	66
3	100

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.

During the year ended December 31, 2022, the Plan was amended to provide transitional vesting rules with respect to employees of Flowers Chemical Laboratories 401(k) Profit Sharing Plan. Effective March 1, 2022, participants covered by the Flowers Chemical Laboratories 401(k) Profit Sharing Plan on or before September 23, 2022 who do not have an hour of service on or after March 1, 2022 shall vest in accordance with the following vesting schedule:

Years of Service	Percentage
0-1	0 %
2	20
3	40
4	60
5	80
6 or more	100

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

Notes to Financial Statements

December 31, 2022 and 2021

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 9.00% at December 31, 2022, which are set at 1% above the prime rate at inception of the loan and remains fixed throughout the duration of the loan. 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, 2022 and 2021, forfeited nonvested accounts totaled \$812,917 and \$949,016, respectively. These accounts will be used to reduce future company contributions. In 2022, the Company's contributions were reduced by \$1,195,701 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, 2022 and 2021, net pending trades of \$42,191 and \$(109,879), respectively, are included in noninterest bearing cash.

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

Notes to Financial Statements

December 31, 2022 and 2021

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 depreciation 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, 2022 and 2021.

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 depreciation in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 11, 2023, the date the financial statements were originally issued, and through February 4, 2026, the date the financial statements were reissued.

Effective January 1, 2023, the Human Factors MD, LLC became a participating employer of the Plan.

Effective January 1, 2023, the discontinued portion of the Plan maintained on behalf of Eurofins Digital Media Services, LLC merged assets of \$1,594,434 into the successor plan to be sponsored by such former participating employer.

Effective March 1, 2023, the Analytics Corp 401(k) Plan merged into the Plan with assets of \$1,124,852.

Effective May 2, 2023, the Research for Hire, Inc. 401(k) Plan merged into the Plan with assets of \$1,337,995.

Effective June 12, 2023, the American Interplex Corporation 401(k) Plan merged into the Plan with assets of \$3,311,685.

The Secure 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management is evaluating the impact of the adoption and implementation of this legislation on the Plan.

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

Notes to Financial Statements

December 31, 2022 and 2021

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, 2022 and 2021.

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, 2022 and 2021

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

Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3
Mutual funds	\$ 246,269,719	\$ -	\$ -
Private equity funds	-	-	357,355
Money market account	31,413,510	-	-
Total assets in the fair value hierarchy	<u>\$ 277,683,229</u>	<u>\$ -</u>	<u>\$ 357,355</u>
Investments measured at net asset value (a)			622,995,124
Total investments at fair value			<u>\$ 901,035,708</u>

Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3
Mutual funds	\$ 297,981,342	\$ -	\$ -
Private equity funds	-	-	402,929
Money market account	27,193,976	-	-
Total assets in the fair value hierarchy	<u>\$ 325,175,318</u>	<u>\$ -</u>	<u>\$ 402,929</u>
Investments measured at net asset value (a)			712,474,205
Total investments at fair value			<u>\$ 1,038,052,452</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value 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.

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, 2022 and 2021. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2022			
Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective trust funds	\$ 622,995,124	N/A	Daily
			None

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

Notes to Financial Statements
December 31, 2022 and 2021

	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

4. 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 depreciation 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.

5. 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.

6. 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.

7. 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, 2022 and 2021, the Plan had investments of \$102,792,492 and \$223,561,656, that were concentrated in one and two funds, respectively.

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

Notes to Financial Statements
December 31, 2022 and 2021

8. Information Certified by Custodian

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA for 2022 and 2021. 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, 2022 and 2021 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022, and a portion of the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022.

	2022	2021
Noninterest bearing cash and cash equivalents	\$ 151,941	\$ 59,406
Investments at fair value:		
Money market funds	31,413,510	27,194,141
Mutual funds	246,269,719	297,981,177
Collective investment trusts	622,995,124	712,474,205
Total investments	\$ 900,830,294	\$ 1,037,708,929
Net (depreciation) appreciation in fair value of investments	\$ (184,906,275)	\$ 123,715,725

9. Delinquent Participant Contributions

For the year ended December 31, 2022, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the DOL'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 \$76,548, were corrected through the Department of Labor Voluntary Fiduciary Correction Program in 2023. Additionally, the Company has compensated participants for lost earnings resulting from the delay in contributions.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 as December 31, 2022 and 2021:

	2022	2021
Net assets available for benefits per financial statements	\$ 913,172,700	\$ 1,049,591,814
Benefit claims payable per Form 5500	(113,957)	(165,839)
Net assets available for benefits per Form 5500	\$ 913,058,743	\$ 1,049,425,975

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500 for the year ended December 31, 2022:

Benefits paid to participants per financial statements	\$ 70,840,403
2021 benefit claims payable per Form 5500	(165,839)
2022 benefit claims payable per Form 5500	113,957
Benefits paid per the Form 5500	\$ 70,788,521

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

Notes to Financial Statements
December 31, 2022 and 2021

11. Correction of Error

The Plan restated its previously issued 2022 financial statements due to an error in the amount of participant contributions transferred late to the Plan previously reported on Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions for the year ended December 31, 2022. The restatement had no effect on the Statement of Net Assets Available for Benefits or the Statement of Changes in Net Assets Available for Benefits.

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, 2022

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	
\$ 76,548	\$ 76,548	\$ -	\$ -	\$ -

(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, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund			
*	Charles Schwab	Charles Schwab Bank Savings	N/R	\$ 31,413,510
	Common Collective Trusts			
	Vanguard	Vanguard Target Retirement 2030 Tr I	N/R	102,792,492
	Vanguard	Vanguard Target Retirement 2025 Tr I	N/R	87,147,697
	Vanguard	Vanguard Target Retirement 2035 Tr I	N/R	85,474,337
	Vanguard	Vanguard Target Retirement 2040 Tr I	N/R	74,130,266
	Vanguard	Vanguard Target Retirement 2045 Tr I	N/R	69,327,655
	Vanguard	Vanguard Target Retirement 2050 Tr I	N/R	55,480,828
	Vanguard	Vanguard Target Retirement 2055 Tr I	N/R	52,616,345
	Vanguard	Vanguard Target Retirement 2020 Tr I	N/R	36,735,923
	Vanguard	Vanguard Target Retirement 2060 Tr I	N/R	35,036,484
	Vanguard	Vanguard Target Retirement Income Tr I	N/R	17,320,511
	Vanguard	Vanguard Target Retirement 2065 Tr I	N/R	6,932,586
	Total common collective trusts			622,995,124
	Mutual Funds			
	Vanguard	Vanguard Growth Index Fund Instl	N/R	46,004,477
	Fidelity	Fidelity 500 Index Fund	N/R	42,373,722
	Vanguard	Vanguard Value Index Instl Shares	N/R	20,517,710
	Vanguard	Vanguard Wellington Admiral	N/R	19,588,803
	Vanguard	Vanguard Mid Cap Growth Index Admiral	N/R	18,140,714
	Vanguard	Vanguard Small Cap Growth Index Instl	N/R	12,623,508
	Vanguard	Vanguard Mid Cap Index Fund Instl	N/R	12,184,195
	Vanguard	Vanguard Mid Cap Value Index Admiral	N/R	10,433,007
	Vanguard	Vanguard Total Intl Stock Index Inst	N/R	8,937,623
	Vanguard	Vanguard Small Cap Index Instl	N/R	8,117,679
	Vanguard	Vanguard Total Bond Market Index Instl	N/R	7,596,120
	American Century	American Century Govt Bond Instl	N/R	6,294,473
	Dimensional Fund Advisors	DFA Real Estate Securities Port Instl	N/R	5,617,321
	Vanguard	Vanguard Small Cap Value Index Instl	N/R	5,616,897
	Vanguard	Vanguard Short Term Investment Grade Instl	N/R	5,371,813
	Vanguard	Vanguard Developed Markets Index Instl	N/R	5,179,604
	Vanguard	Vanguard Short Term Inflation Prot Adm	N/R	4,735,619
	Vanguard	Vanguard Emerging Markets Stock Index Instl	N/R	4,629,114
	Vanguard	Vanguard FTSE All World Ex US Small Cap	N/R	2,294,141
	Vanguard	Vanguard Total Bond Market Index Adm	N/R	8,209
	Vanguard	Vanguard Short Term Investment Grade Adm	N/R	4,970
	Total mutual funds			246,269,719
	Private Investment Fund			
	NB Select OPS	NB Select OPS (Cayman) II	N/R	293,308
	CPG Vintage Access	CPG Vintage Access Fund II	N/R	46,797
	Blackstone	BX/GSO Secured Lending Fund	N/R	41,795
	CPG Vintage Access	CPG Vintage Access Fund II CPV	N/R	6,000
	CPG Vintage Access	CPG Vintage Access Fund II DPV	N/R	(5,545)
	NB Select OPS	NB Select OPS (Cayman) II DPV	N/R	(25,000)
	Total private investment funds			357,355
	Total investments at fair value			901,035,708
*	Participant Loans	Interest rates: 3.25% - 9.00%	\$0	9,199,932
				<u>\$ 910,235,640</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 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information—enter all requested information			
1a Name of plan 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		10/13/2023	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

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Form 5500 (2022)
v. 220413

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 19,477
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) 12,072 6a(2) 13,276 6b 45 6c 8,627 6d 21,948 6e 26 6f 21,974 6g 21,327 6h 3,039
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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 2025 This Form is Open to Public Inspection
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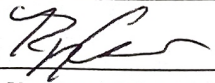
Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	

A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☒ a single-employer plan	☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report	☐ the final return/report
	☒ an amended return/report	☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐	
D Check box if filing under:	☒ Form 5558	☐ automatic extension
	☐ special extension (enter description)	☐ the DFVC program
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
	1c Effective date of plan 04/04/2011
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	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		3-6-2026	Ryan Corso
	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

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 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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 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	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259		
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.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

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.