

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                               |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                        |
| 1a      | Name of plan<br>CHARLES RIVER LABORATORIES, INC. SAVINGS/PLUS PLAN                                                                                                                                                                                                                                                                            |
| 1b      | Three-digit plan number (PN) ▶ 004                                                                                                                                                                                                                                                                                                            |
| 1c      | Effective date of plan<br>04/01/1987                                                                                                                                                                                                                                                                                                          |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>CHARLES RIVER LABORATORIES, INC.<br><br>251 BALLARDVALE STREET<br>WILMINGTON, MA 01887 |
| 2b      | Employer Identification Number (EIN)<br>76-0509980                                                                                                                                                                                                                                                                                            |
| 2c      | Plan Sponsor's telephone number<br>781-222-6000                                                                                                                                                                                                                                                                                               |
| 2d      | Business code (see instructions)<br>541990                                                                                                                                                                                                                                                                                                    |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/16/2026 | PAMELA MURPHY                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                              |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                             |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 13643                                                                                                                                                                                                                                                                                                                                |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 9584<br><b>6a(2)</b> 9180<br><b>6b</b> 39<br><b>6c</b> 4030<br><b>6d</b> 13249<br><b>6e</b> 20<br><b>6f</b> 13269<br><b>6g(1)</b> 13435<br><b>6g(2)</b> 13058<br><b>6h</b> 1 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                                                                                      |

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

2S 2T 3F 2J 2F 2G 2K 3D

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

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

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

**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 1
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

---

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

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**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 \_\_\_\_\_

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|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |
| A Name of plan<br>CHARLES RIVER LABORATORIES, INC. SAVINGS/PLUS PLAN                       | B Three-digit plan number (PN) ▶ 004                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CHARLES RIVER LABORATORIES, INC. | D Employer Identification Number (EIN)<br>76-0509980 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 541209                                | 1233                                                                        | 01/01/2025              | 12/31/2025 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 0                                             |                                 |             |                       |

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

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

---

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

---

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | <b>0</b> |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | <b>0</b> |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> | <b>0</b> |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> | <b>0</b> |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> | <b>0</b> |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED INTEREST BALANCE CONTRACT**

|                                                        |           |                 |
|--------------------------------------------------------|-----------|-----------------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | <b>19382664</b> |
|--------------------------------------------------------|-----------|-----------------|

|                                                                       |              |                |  |
|-----------------------------------------------------------------------|--------------|----------------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | <b>0</b>       |  |
|                                                                       | <b>7c(2)</b> | <b>0</b>       |  |
|                                                                       | <b>7c(3)</b> | <b>977828</b>  |  |
|                                                                       | <b>7c(4)</b> | <b>0</b>       |  |
|                                                                       | <b>7c(5)</b> | <b>5128377</b> |  |

|                           |              |                |
|---------------------------|--------------|----------------|
| (6) Total additions ..... | <b>7c(6)</b> | <b>6106205</b> |
|---------------------------|--------------|----------------|

|                                                                                       |           |                 |
|---------------------------------------------------------------------------------------|-----------|-----------------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | <b>25488869</b> |
|---------------------------------------------------------------------------------------|-----------|-----------------|

**e** Deductions:

|                                                                                                                              |              |                |  |
|------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year<br>(2) Administration charge made by carrier ..... | <b>7e(1)</b> | <b>0</b>       |  |
|                                                                                                                              | <b>7e(2)</b> | <b>0</b>       |  |
|                                                                                                                              | <b>7e(3)</b> | <b>0</b>       |  |
|                                                                                                                              | <b>7e(4)</b> | <b>5533083</b> |  |

|                            |              |                |
|----------------------------|--------------|----------------|
| (5) Total deductions ..... | <b>7e(5)</b> | <b>5533083</b> |
|----------------------------|--------------|----------------|

|                                                                                                         |           |                 |
|---------------------------------------------------------------------------------------------------------|-----------|-----------------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | <b>19955786</b> |
|---------------------------------------------------------------------------------------------------------|-----------|-----------------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2025</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                   |                                                             |     |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025        |                                                             |     |
| <b>A</b> Name of plan<br>CHARLES RIVER LABORATORIES, INC. SAVINGS/PLUS PLAN                       | <b>B</b> Three-digit plan number (PN) ▶                     | 004 |
|                                                                                                   |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CHARLES RIVER LABORATORIES, INC. | <b>D</b> Employer Identification Number (EIN)<br>76-0509980 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 676834                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

STRATEGIC ADVISERS LLC

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 393989                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

UBS FINANCIAL SERVICES

13-2638166

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | CONSULTANT                                                                                        | 83500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

PRICEWATERHOUSE COOPERS LLP

13-4008324

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTANT/AUDITOR                                                                                | 55000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AB GLB RE II I - ALLIANCEBERNSTEIN 18, RUE EUGNE RUPPERT<br>LUXEMBOURG L-245 LU | 0.15%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FH INTL SM-MD CO IS - SS&C GIDS, I 2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169 | 0.35%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRMTRC CMDY STRAT I - BNY MELLON I 500 ROSS STREET<br>15253-4426<br>PITTSBURGH, PA 53442 | 0.15%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WCM INTL SM CP GR IS - UMB FUND SE<br><br>39-1657495                | 0.15%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                               |                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information<br/><br/>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br/><br/>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110<br/><br/>2025<br/><br/>This Form is Open to Public Inspection.</div>            |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                        |                                                                                                                                                                                                                               |                                                                                                        |
| A Name of plan<br>CHARLES RIVER LABORATORIES, INC. SAVINGS/PLUS PLAN                                                                                                              |                                                                                                                                                                                                                               | B Three-digit plan number (PN) ▶ 004                                                                   |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>CHARLES RIVER LABORATORIES, INC.                                                                                 |                                                                                                                                                                                                                               | D Employer Identification Number (EIN)<br>76-0509980                                                   |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |                                                                                                                                                                                                                               |                                                                                                        |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SP SMALL CP IND CL C                                                                                                                      |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST                                                                                                         |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 82-6293122-009                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16575995  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SP 500 INDEX PL CL C                                                                                                                      |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST                                                                                                         |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 82-6293122-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182229447 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: GG G RETIRE INC F35                                                                                                                       |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC                                                                                                          |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 20-5886387-082                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18875     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2065 TD TD2                                                                                                                            |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY                                                                                                         |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 95-6597294-565                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20953715  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2020 TD INC TD2                                                                                                                        |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY                                                                                                         |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 95-6597294-520                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28427381  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2040 TD TD2                                                                                                                            |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY                                                                                                         |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 95-6597294-540                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112424185 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2055 TD TD2                                                                                                                            |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY                                                                                                         |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 95-6597294-555                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88936249  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                           |                                                                                                                                                                                                                               |                                                                                                        |
| Schedule D (Form 5500) 2025 v. 250312                                                                                                                                             |                                                                                                                                                                                                                               |                                                                                                        |

|                                                                                  |                        |                                                                                                               |
|----------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CG 2025 TD INC TD2                |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY |                        |                                                                                                               |
| <b>c</b> EIN-PN 95-6597294-525                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132356724 |

|                                                                                  |                        |                                                                                                              |
|----------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SP GLB EXUS IDX CL C              |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST |                        |                                                                                                              |
| <b>c</b> EIN-PN 82-6293122-005                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21328346 |

|                                                                                  |                        |                                                                                                              |
|----------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SP MID CAP IDX CL C               |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST |                        |                                                                                                              |
| <b>c</b> EIN-PN 82-6293122-013                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13252953 |

|                                                                                  |                        |                                                                                                              |
|----------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CG 2030 TD TD2                    |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY |                        |                                                                                                              |
| <b>c</b> EIN-PN 95-6597294-530                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78123399 |

|                                                                                  |                        |                                                                                                              |
|----------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CG 2035 TD TD2                    |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY |                        |                                                                                                              |
| <b>c</b> EIN-PN 95-6597294-535                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80356407 |

|                                                                                  |                        |                                                                                                               |
|----------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CG 2045 TD TD2                    |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY |                        |                                                                                                               |
| <b>c</b> EIN-PN 95-6597294-545                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129358118 |

|                                                                                  |                        |                                                                                                               |
|----------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CG 2050 TD TD2                    |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY |                        |                                                                                                               |
| <b>c</b> EIN-PN 95-6597294-550                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113287923 |

|                                                                                  |                        |                                                                                                              |
|----------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CG 2060 TD TD2                    |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY |                        |                                                                                                              |
| <b>c</b> EIN-PN 95-6597294-560                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74565653 |

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|                                                                                                                                                                                                                                              | For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                        |                                                                                                |
|                                                                                                                                                                                                                                              | <div>A Name of plan</div> <div>CHARLES RIVER LABORATORIES, INC. SAVINGS/PLUS PLAN</div>                                                                                                                                                                                           | <div>B Three-digit plan number (PN)</div> <div>004</div>                                       |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CHARLES RIVER LABORATORIES, INC.</div>                                                                                                                                | <div>D Employer Identification Number (EIN)</div> <div>76-0509980</div>                                                                                                                                                                                                           |                                                                                                |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 0                     | 0               |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 55939                 | 19642           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               | 0                     | 0               |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 16430475              | 16510295        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 634735636             | 992195370       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 403208670             | 216205939       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 19326725              | 19955786        |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 0                     | 0               |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1073757445            | 1244887032      |

**Liabilities**

|                                                                            |           |   |    |
|----------------------------------------------------------------------------|-----------|---|----|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0  |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0  |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0  |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 43 |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 43 |

**Net Assets**

|                                                            |           |            |            |
|------------------------------------------------------------|-----------|------------|------------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1073757445 | 1244886989 |
|------------------------------------------------------------|-----------|------------|------------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 27459316   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 69069167   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 7982468    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          | 104510951 |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 1354625    |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 976424     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2331049   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          | 21508799  |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 21508799   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 21508799  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          | 0         |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          | 0         |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 138029639 |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 19084882  |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 285465320 |

**Expenses**

|                                                                                             |               |           |           |
|---------------------------------------------------------------------------------------------|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 113090212 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 0         |           |
| (3) Other .....                                                                             | <b>2e(3)</b>  | 0         |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 113090212 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           | 5520      |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           | 30721     |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |           | 0         |
| <b>i</b> Administrative expenses:                                                           |               |           |           |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 0         |           |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 2700      |           |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 674134    |           |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 5500      |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 393989    |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 0         |           |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 0         |           |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 0         |           |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  | 0         |           |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 0         |           |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 133000    |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 1209323   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 114335776 |

**Net Income and Reconciliation**

|                                                                               |              |  |           |
|-------------------------------------------------------------------------------|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 171129544 |
| <b>l</b> Transfers of assets:                                                 |              |  |           |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 0         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **PRICEWATERHOUSECOOPERS, LLP**

(2) EIN: **13-4008324**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> |                                     | 557      |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |                                     |                                     |          |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>CHARLES RIVER LABORATORIES, INC. SAVINGS/PLUS PLAN                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 004                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CHARLES RIVER LABORATORIES, INC.                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>76-0509980                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 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):<br><br>EIN(s): 04-6568107                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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) and (b):

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

## **Part VII IRS Compliance Questions**

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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



## **The Charles River Laboratories, Inc. Savings/Plus Plan**

Financial Statements as of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Supplemental Information as of December 31, 2025

# **The Charles River Laboratories, Inc. Savings/Plus Plan**

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\*Note: Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act ("ERISA") of 1974 have been omitted because they are not applicable.



## **Report of Independent Auditors**

To the Administrator of The Charles River Laboratories, Inc. Savings/Plus Plan

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

We have performed an audit of the accompanying financial statements of The Charles River Laboratories, Inc. Savings/Plus 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, including the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### ***Opinion***

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 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 audit in accordance with auditing standards generally accepted in the United States of America (US 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 US 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 US GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 Schedule Required by ERISA***

Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Held at End of Year) as of December 31, 2025 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule 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).

*PricewaterhouseCoopers* LLP

Boston, Massachusetts  
September 16, 2026

**The Charles River Laboratories, Inc. Savings/Plus Plan**

**Statements of Net Assets Available for Benefits  
December 31, 2025 and 2024**

|                                                                 | <b>2025</b>             | <b>2024</b>             |
|-----------------------------------------------------------------|-------------------------|-------------------------|
| <b>Assets:</b>                                                  |                         |                         |
| Investments, at fair value                                      | \$ 1,208,401,308        | \$ 1,037,944,307        |
| Fully benefit-responsive investment contract, at contract value | 19,975,385              | 19,382,664              |
| Notes receivable from participants                              | 16,623,209              | 16,534,859              |
| Net assets available for benefits                               | <u>\$ 1,244,999,902</u> | <u>\$ 1,073,861,830</u> |

See accompanying notes to the financial statements

**The Charles River Laboratories, Inc. Savings/Plus Plan**

**Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2025**

**Additions:**

Investment income

|                                               |                    |
|-----------------------------------------------|--------------------|
| Net appreciation in fair value of investments | \$ 157,113,106     |
| Dividends and interest                        | 22,484,619         |
| Total investment income                       | <u>179,597,725</u> |

Other income

|                                                       |           |
|-------------------------------------------------------|-----------|
| Interest income on notes receivable from participants | 1,360,704 |
|-------------------------------------------------------|-----------|

Contributions

|                     |                    |
|---------------------|--------------------|
| Employer            | 27,459,316         |
| Participants        | 69,069,167         |
| Rollovers           | 7,982,467          |
| Total contributions | <u>104,510,950</u> |

Other revenue

|                 |                    |
|-----------------|--------------------|
|                 | 315,823            |
| Total additions | <u>285,785,202</u> |

**Deductions:**

|                                        |                    |
|----------------------------------------|--------------------|
| Benefits paid directly to participants | 113,121,984        |
| Administration expenses                | 1,525,146          |
| Total deductions                       | <u>114,647,130</u> |

|                                                   |             |
|---------------------------------------------------|-------------|
| Net increase in net assets available for benefits | 171,138,072 |
|---------------------------------------------------|-------------|

**Net assets available for benefits**

|                   |                                |
|-------------------|--------------------------------|
| Beginning of year | <u>1,073,861,830</u>           |
| End of year       | <u><u>\$ 1,244,999,902</u></u> |

See accompanying notes to the financial statements

**The Charles River Laboratories, Inc. Savings/Plus Plan  
Notes to Financial Statements**

**1. Description of the Plan**

The following description of The Charles River Laboratories, Inc. Savings/Plus Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

***General***

The Plan is a defined contribution plan and is funded through employee salary reduction contributions matched in part by supplemental employer contributions. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

***Participation***

All employees of Charles River Laboratories, Inc. (the “Company” or the “Plan Sponsor”) are eligible to participate upon date of hire, provided they are at least eighteen years of age. Upon satisfying these requirements, the employee will become eligible to participate in the Plan.

***Administration***

The Plan is administered by a committee appointed by the Company’s Board of Directors (the “Plan Administrator”). The trustee of the Plan is Fidelity Management Trust Company (the “Trustee”). The recordkeeper is Fidelity Workplace Services LLC. Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation for such functions from the Plan.

***Contributions***

Each year, participants may contribute up to 80% of pre-tax eligible compensation or, for the 2025 Plan year, \$23,500. Additionally, participants age 50 and older can contribute up to \$7,500 in catch-up contributions for the 2025 Plan year and participants age 60-63 may also make an additional catch-up contribution of up to \$3,750 for a total catch-up contribution of \$11,250. Beginning January 1, 2026, as required by the SECURE 2.0 Act, participants aged 50 and older with Social Security wages exceeding \$150,000 in 2025 must designate any catch-up contributions as Roth contributions. Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which participant contributions are withheld from compensation. The Company has a discretionary match policy in 2025 matching 100% of the first 3% of eligible compensation (regular earnings, overtime, commissions and paid leave) and then 50% of the next 2% of eligible compensation. For the 2025 Plan year, the timing of the discretionary match is once annually for all employees who are considered active as of December 1 of the respective Plan year. The Plan has an enrollment feature whereby new employees are automatically enrolled at a 3% deferral contribution, commencing generally six weeks after start of employment with a 1% automatic increase each successive year. Investment elections are defaulted to the age appropriate life cycle fund, which may be adjusted by the participant at any time. Participants may adjust their deferral percentage or opt out of the Plan by contacting the Trustee.

Employees can roll over part or all of an eligible rollover distribution they receive from an eligible retirement plan however, they will not become a Participant in the Plan eligible for deferral or matching contributions until they have met the Plan’s eligibility requirements.

Beginning in the 2026 Plan year, the Company revised the timing of the discretionary match from annually to bi-weekly (or weekly for employees paid weekly). There were no other updates made to the Plan as a result of this change.

***Participant Accounts***

Each participant’s account is credited with the participant’s contribution and Company matching contributions. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Participant investments are self-directed across approved investment options, which have been selected by the Plan Administrator in accordance with the Plan agreement.

***Payment of Benefits***

Upon termination of services, a participant whose vested account balance is \$5,000 or less cannot postpone distribution. In this case, the Plan Administrator will direct the Trustee that any account balance exceeding \$1,000 be distributed to an Individual Retirement Account (IRA) or Annuity for the participant’s benefit. If the vested account balance is \$1,000 or less the Plan Administrator will direct the Trustee to distribute it to the participant as a lump sum distribution without the participant’s consent. If the vested account is greater than \$5,000, the participant may electronically process a distribution through Fidelity Investments Institutional Operations Company LLC’s (the “third party administrator”) online portal or by contacting the third party administrator directly. The participant may also elect to leave the balance with the Plan in which case the Plan Administrator will direct the Trustee to begin participant disbursements no later than April 1 of the calendar year following the calendar year in which the participant turns 73.

**The Charles River Laboratories, Inc. Savings/Plus Plan**  
**Notes to Financial Statements**

Participants may elect to withdraw some or all of their vested account balances prior to termination of employment under certain Plan in-service withdrawal provisions. Any amounts withdrawn may be subject to certain taxes and or penalties unless withdrawn amounts are reinvested into an Individual Retirement Account or another qualified employer retirement plan.

***Notes Receivable from Participants***

Loans from the Plan are limited to a minimum amount of \$1,000 and a maximum amount equal to the lesser of one-half of the participant's vested account balance, determined as of the valuation date immediately preceding the date of the loan, or \$50,000, less the excess of the highest outstanding loan balance for the prior twelve-month period over the loan balance of the participant on the date on which the loan is made. All loans must be repaid over no more than a five year period unless it is for the purchase of a principal residence, in which case the loan repayment period may not extend beyond ten years from the date of the loan. No participant is eligible for more than one loan at a time or more than one loan each Plan year. The minimum interest rate charged to participants for the Plan years ended December 31, 2025 and 2024 was equal to the prime rate plus 1%. The prime rate as of December 31, 2025 and 2024 was 6.75% and 7.50%, respectively. Loans outstanding bore interest rates from 4.25% to 9.50% as of December 31, 2025 and 2024. In addition, employees are charged a \$75 set-up fee for taking out a loan plus an annual \$25 maintenance fee (\$6.25 quarterly).

Each loan is secured by the participant's account.

***Vesting***

Participants are immediately vested in their contributions plus actual earnings thereon. All Company contributions are vested immediately.

***Plan Termination***

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement 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 accounts and the Plan Administrator will facilitate the distribution of account balances in single lump sum payments to each participant until all assets have been distributed by the Trustee.

***Forfeited Accounts***

As of December 31, 2025 and 2024, there were no amounts allocated to participants who have elected to withdraw from the Plan, but to whom disbursement of funds has not been made. At December 31, 2025 and 2024, forfeited nonvested accounts totaled \$77,277 and \$28,759, respectively. During the years ended December 31, 2025 and 2024, \$50,162 and \$50,333 forfeited account balances were used to reduce employer contributions, respectively.

***Plan Expenses***

Participant loan fees associated with notes receivable from participants are charged to the participant receiving the loan. Investment fees paid by the Plan are allocated to participant accounts and included as a component of net appreciation in fair value of investments. All other plan administration expenses are paid by the Company or by the Plan, at the discretion of the Plan Administrator. Plan administration expenses paid by the Company are excluded from these financial statements.

**2. Summary of Significant Accounting Policies**

***Basis of Accounting***

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

***Use of Estimates***

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

***Investment Valuation and Income Recognition***

Shares of mutual funds are valued at quoted market prices, which represent net asset value at year end. The Plan's interest in common collective trusts are valued at the net asset value of units held by the Plan at year end as reported by the Trustee. The common collective trust units are not traded on a securities exchange but are redeemable only by the issuer. Purchases and sales of investments are recorded on a trade date basis. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The financial statements include the fully benefit-responsive investment contract and its related activity on a contract

**The Charles River Laboratories, Inc. Savings/Plus Plan**  
**Notes to Financial Statements**

value basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

***Payment of Benefits***

Benefits payments to participants are recorded when paid.

***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged to the participant receiving the loan. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. If a participant ceases to make loan payments and, in accordance with the provisions of the Plan agreement, the participant loan is deemed to be in default, the participant loan balance is reduced and a benefit payment is recorded.

***Subsequent Events***

The Plan has evaluated events subsequent to December 31, 2025 and determined through September 16, 2026, the date these financial statements were available to be issued, that no subsequent events have occurred requiring adjustments to the financial statements or disclosures.

**3. Fair Value Measurements**

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

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

A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement.

***Valuation Techniques***

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. In periods of market inactivity, the observability of prices and inputs may be reduced for certain instruments. This condition could cause an instrument to be reclassified from Level 1 to Level 2 or from Level 2 to Level 3. Transfers between fair value hierarchy levels, if any, are recognized at the end of the period. There were no transfers between levels of the fair value hierarchy during the year.

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

- **Registered investment companies** - Valued at the unadjusted quoted net asset value of shares held by the Plan at year end and are classified as Level 1.
- **Collective trusts** - Valued at net asset value of units which is based on the market value of underlying investments held by the fund less its liabilities. The net asset value of units, as provided by the Trustee, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions may occur daily. In unusual market conditions, in accordance with the governing documents of the collective trust, the trustee of the underlying trust may impose restrictions on the redemption of units.

There has been no change to the methodologies used at December 31, 2025 and 2024.

**The Charles River Laboratories, Inc. Savings/Plus Plan**  
**Notes to Financial Statements**

Assets measured at fair value are summarized below:

| <b>Fair Value Measurements at December 31, 2025</b> |                       |                |                |                             |
|-----------------------------------------------------|-----------------------|----------------|----------------|-----------------------------|
| <b>Assets</b>                                       | <b>Level 1</b>        | <b>Level 2</b> | <b>Level 3</b> | <b>Assets at Fair Value</b> |
| Registered investment companies                     |                       |                |                |                             |
| Mutual funds                                        | \$ 216,205,938        | \$ —           | \$ —           | \$ 216,205,938              |
| Total registered investment companies               | 216,205,938           | —              | —              | 216,205,938                 |
| Collective trusts (a)                               | —                     | —              | —              | 992,195,370                 |
| Investments, at fair value                          | <u>\$ 216,205,938</u> | <u>\$ —</u>    | <u>\$ —</u>    | <u>\$1,208,401,308</u>      |
| <b>Fair Value Measurements at December 31, 2024</b> |                       |                |                |                             |
| <b>Assets</b>                                       | <b>Level 1</b>        | <b>Level 2</b> | <b>Level 3</b> | <b>Assets at Fair Value</b> |
| Registered investment companies                     |                       |                |                |                             |
| Mutual funds                                        | \$ 403,208,669        | \$ —           | \$ —           | \$ 403,208,669              |
| Total registered investment companies               | 403,208,669           | —              | —              | 403,208,669                 |
| Collective trusts (a)                               | —                     | —              | —              | 634,735,638                 |
| Investments, at fair value                          | <u>\$ 403,208,669</u> | <u>\$ —</u>    | <u>\$ —</u>    | <u>\$1,037,944,307</u>      |

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient 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 amounts presented in the statements of net assets available for benefits.

Fair value measurements of the investments in certain entities that calculate net asset value per share are summarized below:

| <b>December 31, 2025</b>                       |                       |                             |                                                     |                                  |                                 |
|------------------------------------------------|-----------------------|-----------------------------|-----------------------------------------------------|----------------------------------|---------------------------------|
| <b>Assets</b>                                  | <b>Fair Value</b>     | <b>Unfunded Commitments</b> | <b>Redemption Frequency (if currently eligible)</b> | <b>Trade to Settlement Terms</b> | <b>Redemption Notice Period</b> |
| Capital Group collective trusts (b)            | \$ 758,789,753        | —                           | daily                                               | 1 to 3 days                      | N/A                             |
| Spartan collective trusts (c)                  | 233,386,742           | —                           | daily                                               | 1 to 3 days                      | N/A                             |
| Galliard Retirement Income Fund Fee CL F35 (d) | 18,875                | —                           | daily                                               | 1 to 3 days                      | N/A                             |
| Total                                          | <u>\$ 992,195,370</u> |                             |                                                     |                                  |                                 |
| <b>December 31, 2024</b>                       |                       |                             |                                                     |                                  |                                 |
| <b>Assets</b>                                  | <b>Fair Value</b>     | <b>Unfunded Commitments</b> | <b>Redemption Frequency (if currently eligible)</b> | <b>Trade to Settlement Terms</b> | <b>Redemption Notice Period</b> |
| Capital Group collective trusts (b)            | \$ 634,716,832        | —                           | daily                                               | 1 to 3 days                      | N/A                             |
| Galliard Retirement Income Fund Fee CL F35 (d) | 18,806                | —                           | daily                                               | 1 to 3 days                      | N/A                             |
|                                                | <u>\$ 634,735,638</u> |                             |                                                     |                                  |                                 |

(b) The Capital Group target date funds are designed for investors who plan to retire in, or close to, the year designated in the fund's name. Depending on its proximity to its target date, each fund seeks to achieve the following objectives to varying degrees: growth, income and conservation of capital. As each fund approaches and passes its target date, it will increasingly emphasize income and conservation of capital by investing a greater portion of its assets in fixed income, equity-income and balanced funds.

(c) The Spartan collective trusts seek to replicate the performance and overall characteristics, before fees and expenses, of the certain specified indices in a risk-controlled and cost-effective way.

(d) The Galliard Retirement Income Fund seeks to provide safety of principal and consistency of returns while attempting to maintain minimal volatility.

**The Charles River Laboratories, Inc. Savings/Plus Plan**  
**Notes to Financial Statements**

**4. Fully Benefit-Responsive Investment Contract**

***Principal Life Guaranteed Interest Balance Contract***

The Guaranteed Interest Balance Contract (“Guaranteed Interest Balance Contract”, “GIBC” or “Contract”) is a group annuity insurance contract issued by Principal Life Insurance Company (“Principal Life”) and is backed by the full faith and creditworthiness of the issuer.

Under the GIBC, participants may direct permitted withdrawal or transfers of all or a portion of their account balance at contract value within reasonable time frames.

The GIBC is a traditional guaranteed investment contract and deemed to be fully benefit-responsive. Since the GIBC is fully benefit-responsive, contract value is the relevant measurement. Contract value represents contributions made under the contract, plus earnings at guaranteed rates, less participant withdrawals and administrative fees.

The Contract shall terminate upon the contract value being transferred to other plan investments or upon liquidation. Upon termination of the Contract, payment provisions of associated annuities will proceed in accordance with the contracted terms until final payment is completed. No events or circumstances would allow Principal Life to terminate the Contract with the Plan and settle at an amount different from the contract value.

The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The interest rate is based on a formula established by the contract issuer but may not be less than one percent and is reviewed on an annual basis for resetting. During the year ended December 31, 2025 and 2024, the minimum interest rate under the Contract was 2.9% and 2.8%, respectively.

**5. Financial Information Certified by the Trustee**

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified to the Plan Administrator that the following information is complete and accurate as of December 31, 2025 and 2024 and for the year ended December 31, 2025. The following information has been relied on by the Plan Administrator in preparation of the Plan’s financial statements, notes, and related supplemental schedule in accordance with ERISA:

- (a) the cost, fair value and contract value of investment balances and notes receivable from participants, by fund and in the aggregate;
- (b) net appreciation in fair value and contract value of investments by fund and in the aggregate;
- (c) investment income, including interest and dividends received or accrued, by fund and in the aggregate;
- (d) interest income on notes receivable from participants;
- (e) all investment purchase and sales activity; and
- (f) identity of issue, borrower, lessor or similar party, description of investment, shares/units, investment cost and investment current value as presented in the accompanying Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Held at End of Year).

**6. Related Party and Party-In-Interest Transactions**

Certain plan investments are shares of registered investment companies and collective trusts managed by Fidelity Management & Research Company, an affiliate of the Trustee, and are considered party-in-interest transactions. Such investments represent 19% of net assets available for benefits as of December 31, 2025 and 2024. Notes receivable from participants qualify as party-in-interest transactions and represent 1% and 2% of net assets available for benefits as of December 31, 2025 and 2024, respectively.

The Company, in its role as the Plan Sponsor and the Plan Administrator, are considered related parties. As described in Note 1, the Plan or Company paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA. Also, certain staff employed by the Company perform financial reporting and administrative tasks for the Plan at no charge to the Plan.

**7. Other Revenue**

The Plan has a revenue credit agreement with the Trustee, whereby excess revenue, exceeding agreed-upon compensation, received by the Trustee from sponsors of certain Plan investment options is paid to the Plan. The credit is invested in the Principal Life GIBC that earns interest. The revenue payments also qualify as party-in-interest transactions. For the year ended December 31, 2025, \$315,823 of this credit was used to pay for service provider expenses incurred by the Plan. The remaining

**The Charles River Laboratories, Inc. Savings/Plus Plan**  
**Notes to Financial Statements**

unallocated credit balance of \$33,549 and \$257,985 in the account as of December 31, 2025 and 2024, respectively, is included within the Fully benefit-responsive investment contract, at contract value line item on the statements of net assets available for benefits.

**8. Federal Income Tax Status**

The Plan is a volume submitter ("VS") plan. A VS plan is a sample plan of a VS practitioner that the Company adopted on an identical or substantially identical basis. The VS plan has received an opinion letter dated June 30, 2020 from the Internal Revenue Service stating that the written form of the underlying VS plan document is qualified under Section 401(k) of the Internal Revenue Code ("IRC") and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(k) of the IRC. Therefore, the related trust is exempt from taxation. The Plan Administrator believes that the Plan is currently designed and is operating in conformity with the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan Administrator believes it is no longer subject to income tax examinations for Plan years prior to 2022.

**9. Form 5500 Reconciliation**

The following is a reconciliation of the statements of net assets available for benefits at December 31, 2025 and 2024 to net assets per the Form 5500:

|                                                | <u>December 31, 2025</u> | <u>December 31, 2024</u> |
|------------------------------------------------|--------------------------|--------------------------|
| Net assets available for benefits              | \$ 1,244,999,902         | \$ 1,073,861,830         |
| Deemed distributions of participants loans (a) | (112,914)                | (104,384)                |
| Net assets per the Form 5500                   | <u>\$ 1,244,886,988</u>  | <u>\$ 1,073,757,446</u>  |

The following is a reconciliation of the net increase in net assets available for benefits per the statement of changes in net assets available for benefits for the year ended December 31, 2025 to net income per the Form 5500:

|                                                               | <u>December 31, 2025</u> |
|---------------------------------------------------------------|--------------------------|
| Net increase in net assets available for benefits             | \$ 171,138,072           |
| Changes in the deemed distributions of participants loans (a) | (8,530)                  |
| Net income per the Form 5500                                  | <u>\$ 171,129,542</u>    |

(a) In the financial statements of the Plan, delinquent loans remain as assets of the Plan. However, for the Form 5500 reporting purposes, delinquent loans are removed from plan assets and reported as benefits paid to participants. Participant loan balances in previous years are applied against the current year's distribution balance if the participant distributes or terminates from the Plan in the current year.

**10. Risk and Uncertainties**

The Plan provides for any combination of numerous investment options. Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the value of investments in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

**Supplemental Schedule Required by ERISA**  
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**The Charles River Laboratories Inc. Savings/Plus Plan**  
**Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Held at End of Year)**  
**December 31, 2025**

| (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 | Shares/Units | (d) Cost | (e) Current Value      |
|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------|----------|------------------------|
|                                                                     | AB Global Real Estate Investment Fund II Class I            | Registered Investment Company                                                                               | 103,782      | ** \$    | 1,101,127              |
| *                                                                   | Fidelity U.S. Bond Index Fund                               | Registered Investment Company                                                                               | 623,863      | **       | 6,587,998              |
|                                                                     | Janus Henderson Enterprise Fund Class N                     | Registered Investment Company                                                                               | 169,393      | **       | 24,443,367             |
|                                                                     | JPMorgan Mid Cap Value Fund Class R6                        | Registered Investment Company                                                                               | 557,786      | **       | 17,782,215             |
|                                                                     | MFS International Intrinsic Value Fund Class R6             | Registered Investment Company                                                                               | 369,052      | **       | 16,205,086             |
|                                                                     | MFS International Growth Fund Class R6                      | Registered Investment Company                                                                               | 116,968      | **       | 5,553,664              |
|                                                                     | PIMCO Income Fund Institutional Class                       | Registered Investment Company                                                                               | 1,421,369    | **       | 15,620,847             |
|                                                                     | PIMCO Real Return Fund Institutional Class                  | Registered Investment Company                                                                               | 288,769      | **       | 2,994,534              |
|                                                                     | Vanguard Total International Bond Index Fund Admiral Shares | Registered Investment Company                                                                               | 63,108       | **       | 1,221,767              |
|                                                                     | American Funds New World Fund Class R-6                     | Registered Investment Company                                                                               | 150,821      | **       | 14,052,038             |
|                                                                     | Victory Core Plus Intermediate Bond Fund                    | Registered Investment Company                                                                               | 2,510,848    | **       | 23,401,101             |
|                                                                     | Neuberger Large Cap Value R6                                | Registered Investment Company                                                                               | 244,990      | **       | 12,450,394             |
|                                                                     | Nomura Small Cap Core R6                                    | Registered Investment Company                                                                               | 317,746      | **       | 9,688,069              |
|                                                                     | Federated Hermes Intl Small-Mid Co IS                       | Registered Investment Company                                                                               | 95,397       | **       | 4,730,753              |
|                                                                     | Victory Pioneer Fundamental Growth R6                       | Registered Investment Company                                                                               | 1,739,521    | **       | 58,517,493             |
|                                                                     | Parametric Commodity Strategy I                             | Registered Investment Company                                                                               | 279,862      | **       | 1,855,485              |
| <b>Registered Investment Company Total</b>                          |                                                             |                                                                                                             |              |          | <b>216,205,938</b>     |
|                                                                     | Capital Group 2020 Target Date Retirement Income Trust TD2  | Collective Trust                                                                                            | 2,068,951    | **       | 28,427,380             |
|                                                                     | Capital Group 2025 Target Date Retirement Income Trust TD2  | Collective Trust                                                                                            | 2,348,093    | **       | 32,356,724             |
|                                                                     | Capital Group 2030 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 5,490,049    | **       | 78,123,399             |
|                                                                     | Capital Group 2035 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 5,444,201    | **       | 80,356,407             |
|                                                                     | Capital Group 2040 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 7,267,239    | **       | 112,424,185            |
|                                                                     | Capital Group 2045 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 8,270,979    | **       | 129,358,118            |
|                                                                     | Capital Group 2050 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 7,252,748    | **       | 113,287,923            |
|                                                                     | Capital Group 2055 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 5,686,461    | **       | 88,936,249             |
|                                                                     | Capital Group 2060 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 4,770,675    | **       | 74,565,653             |
|                                                                     | Capital Group 2065 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 1,339,752    | **       | 20,953,715             |
|                                                                     | Galliard Retirement Income Fund Fee CL F35                  | Collective Trust                                                                                            | 702          | **       | 18,875                 |
| *                                                                   | Spartan® 500 Index Pool Class C                             | Collective Trust                                                                                            | 560,948      | **       | 182,229,448            |
| *                                                                   | Spartan® Global ex US Index Pool Class C                    | Collective Trust                                                                                            | 114,669      | **       | 21,328,346             |
| *                                                                   | Spartan® Small Cap Index Pool Class C                       | Collective Trust                                                                                            | 95,882       | **       | 16,575,995             |
| *                                                                   | Spartan® Mid Cap Index Pool Class C                         | Collective Trust                                                                                            | 96,490       | **       | 13,252,953             |
| <b>Collective Trust Total</b>                                       |                                                             |                                                                                                             |              |          | <b>992,195,370</b>     |
|                                                                     | Principal Guaranteed Interest Balance Contract              | Investment Contract                                                                                         | —            | **       | 19,975,385             |
| <b>Investment Contract Total</b>                                    |                                                             |                                                                                                             |              |          | <b>19,975,385</b>      |
|                                                                     |                                                             |                                                                                                             |              |          | <b>\$1,228,376,693</b> |
| *** Notes receivable from participants, net of deemed distributions |                                                             |                                                                                                             |              |          | \$ 16,510,295          |

\* Indicates a party-in-interest to the Plan.

\*\* Cost not required for participant-directed investments.

\*\*\* Loans outstanding bore interest rates from 4.25% to 9.50%; maturities vary by participant.

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

**The Charles River Laboratories Inc. Savings/Plus Plan**  
**Schedule H, Part IV, Line 4i, Form 5500 - Schedule of Assets (Held at End of Year)**  
**December 31, 2025**

| (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 | Shares/Units | (d) Cost | (e) Current Value      |
|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------|----------|------------------------|
|                                                                     | AB Global Real Estate Investment Fund II Class I            | Registered Investment Company                                                                               | 103,782      | ** \$    | 1,101,127              |
| *                                                                   | Fidelity U.S. Bond Index Fund                               | Registered Investment Company                                                                               | 623,863      | **       | 6,587,998              |
|                                                                     | Janus Henderson Enterprise Fund Class N                     | Registered Investment Company                                                                               | 169,393      | **       | 24,443,367             |
|                                                                     | JPMorgan Mid Cap Value Fund Class R6                        | Registered Investment Company                                                                               | 557,786      | **       | 17,782,215             |
|                                                                     | MFS International Intrinsic Value Fund Class R6             | Registered Investment Company                                                                               | 369,052      | **       | 16,205,086             |
|                                                                     | MFS International Growth Fund Class R6                      | Registered Investment Company                                                                               | 116,968      | **       | 5,553,664              |
|                                                                     | PIMCO Income Fund Institutional Class                       | Registered Investment Company                                                                               | 1,421,369    | **       | 15,620,847             |
|                                                                     | PIMCO Real Return Fund Institutional Class                  | Registered Investment Company                                                                               | 288,769      | **       | 2,994,534              |
|                                                                     | Vanguard Total International Bond Index Fund Admiral Shares | Registered Investment Company                                                                               | 63,108       | **       | 1,221,767              |
|                                                                     | American Funds New World Fund Class R-6                     | Registered Investment Company                                                                               | 150,821      | **       | 14,052,038             |
|                                                                     | Victory Core Plus Intermediate Bond Fund                    | Registered Investment Company                                                                               | 2,510,848    | **       | 23,401,101             |
|                                                                     | Neuberger Large Cap Value R6                                | Registered Investment Company                                                                               | 244,990      | **       | 12,450,394             |
|                                                                     | Nomura Small Cap Core R6                                    | Registered Investment Company                                                                               | 317,746      | **       | 9,688,069              |
|                                                                     | Federated Hermes Intl Small-Mid Co IS                       | Registered Investment Company                                                                               | 95,397       | **       | 4,730,753              |
|                                                                     | Victory Pioneer Fundamental Growth R6                       | Registered Investment Company                                                                               | 1,739,521    | **       | 58,517,493             |
|                                                                     | Parametric Commodity Strategy I                             | Registered Investment Company                                                                               | 279,862      | **       | 1,855,485              |
| <b>Registered Investment Company Total</b>                          |                                                             |                                                                                                             |              |          | <b>216,205,938</b>     |
|                                                                     | Capital Group 2020 Target Date Retirement Income Trust TD2  | Collective Trust                                                                                            | 2,068,951    | **       | 28,427,380             |
|                                                                     | Capital Group 2025 Target Date Retirement Income Trust TD2  | Collective Trust                                                                                            | 2,348,093    | **       | 32,356,724             |
|                                                                     | Capital Group 2030 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 5,490,049    | **       | 78,123,399             |
|                                                                     | Capital Group 2035 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 5,444,201    | **       | 80,356,407             |
|                                                                     | Capital Group 2040 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 7,267,239    | **       | 112,424,185            |
|                                                                     | Capital Group 2045 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 8,270,979    | **       | 129,358,118            |
|                                                                     | Capital Group 2050 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 7,252,748    | **       | 113,287,923            |
|                                                                     | Capital Group 2055 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 5,686,461    | **       | 88,936,249             |
|                                                                     | Capital Group 2060 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 4,770,675    | **       | 74,565,653             |
|                                                                     | Capital Group 2065 Target Date Retirement Trust TD2         | Collective Trust                                                                                            | 1,339,752    | **       | 20,953,715             |
|                                                                     | Galliard Retirement Income Fund Fee CL F35                  | Collective Trust                                                                                            | 702          | **       | 18,875                 |
| *                                                                   | Spartan® 500 Index Pool Class C                             | Collective Trust                                                                                            | 560,948      | **       | 182,229,448            |
| *                                                                   | Spartan® Global ex US Index Pool Class C                    | Collective Trust                                                                                            | 114,669      | **       | 21,328,346             |
| *                                                                   | Spartan® Small Cap Index Pool Class C                       | Collective Trust                                                                                            | 95,882       | **       | 16,575,995             |
| *                                                                   | Spartan® Mid Cap Index Pool Class C                         | Collective Trust                                                                                            | 96,490       | **       | 13,252,953             |
| <b>Collective Trust Total</b>                                       |                                                             |                                                                                                             |              |          | <b>992,195,370</b>     |
|                                                                     | Principal Guaranteed Interest Balance Contract              | Investment Contract                                                                                         | —            | **       | 19,975,385             |
| <b>Investment Contract Total</b>                                    |                                                             |                                                                                                             |              |          | <b>19,975,385</b>      |
|                                                                     |                                                             |                                                                                                             |              |          | <b>\$1,228,376,693</b> |
| *** Notes receivable from participants, net of deemed distributions |                                                             |                                                                                                             |              |          | \$ 16,510,295          |

\* Indicates a party-in-interest to the Plan.

\*\* Cost not required for participant-directed investments.

\*\*\* Loans outstanding bore interest rates from 4.25% to 9.50%; maturities vary by participant.

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