

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 11/01/1970
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORDSON CORPORATION 28601 CLEMENS ROAD WESTLAKE, OH 44145
2b	Employer Identification Number (EIN) 34-0590250
2c	Plan Sponsor's telephone number 440-892-1580
2d	Business code (see instructions) 333200

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.	08/17/2026	JOSEPH RUTLEDGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2026	JOSEPH RUTLEDGE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	378
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	6
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
	6g(2)	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

1B 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NORDSON CORPORATION	D Employer Identification Number (EIN) 34-0590250
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 11 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	33353575	
b	Actuarial value	2b	32646829	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	302	24099313	24099313
b	For terminated vested participants	70	3374725	3374725
c	For active participants	6	1284416	1287575
d	Total	378	28758454	28761613
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.32 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	23481	
b	Expected plan-related expenses	6b	69000	
c	Target normal cost	6c	92481	

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

SIGN HERE	Signature of actuary GREGORY H. REYNOLDS Type or print name of actuary AON CONSULTING, INC. Firm name MSC 17854 PO BOX 7505 FORT WASHINGTON, PA 19034 Address of the firm	07/28/2026 Date 26-06401 Most recent enrollment number 216-430-4748 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	7390056
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	345510
9 Amount remaining (line 7 minus line 8)		7044546
10 Interest on line 9 using prior year's actual return of 13.27 %		934811
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7979357

Part III Funding Percentages

14 Funding target attainment percentage	14	85.76 %
15 Adjusted funding target attainment percentage	15	113.50 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.48 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	92481	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	4094141	393230	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	485711	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	485711	485711
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40		

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 NORDSON CORPORATION	D Employer Identification Number (EIN) 34-0590250	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

MERCER

36-2668272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17		119442	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS

04-3275867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	56749	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN INVESTMENT MGMT, INC.

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		40633	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		22251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METLIFE INVESTMENT MANAGEMENT

20-8262386

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		17993	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FISHER ASSET MANAGEMENT LLC

20-2480800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		14036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHAMPLAIN INVESTMENT PARTNERS LLC

20-1367417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		12664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	12145	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 NORDSON CORPORATION	D Employer Identification Number (EIN) 34-0590250	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1784891	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	32532769	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	34317660	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	34317660	0

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2125988
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2125988

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2461633	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2461633
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	56749	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	85325	
(6) Bank or trust company trustee/custodial fees	2i(6)	12145	
(7) Actuarial fees	2i(7)	22251	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	74627	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		251097
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2712730

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-586742
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		33730918

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: **MEADEN & MOORE LTD.**

(2) EIN: **34-1818258**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NORDSON CORPORATION SALARIED EMPLOYEES PENSION PLAN	34-0590250	005

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 577569.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 NORDSON CORPORATION		D Employer Identification Number (EIN) 34-0590250
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): EIN(s): 80-0709115 04-3275867		
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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?		☐ Yes ☒ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?		☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?		☐ Yes ☐ No ☒ N/A
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		Schedule R (Form 5500) 2024 v. 240311

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 ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

NORDSON CORPORATION
HOURLY-RATED EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

October 31, 2025 and 2024

INDEX

	<u>Page</u>
Independent Auditor's Report	
Financial Statements:	
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 13



MEADEN & MOORE

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator, Retirement Committee, and Participants
Nordson Corporation Hourly-Rated Employees Pension Plan
Westlake, Ohio

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

We have performed audits of the financial statements of the Nordson Corporation Hourly-Rated Employees Pension Plan ("Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of October 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 qualified institutions, The Northern Trust Company (as of and for years ending October 31, 2025 and 2024) and Fidelity Management Trust Company (as of October 31, 2025 and for the period of August 20, 2025 through October 31, 2025), (the "Trustees" of the Plan), 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 audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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



Meaden & Moore, Ltd.
Cleveland, Ohio

August 14, 2026

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Nordson Corporation Hourly-Rated Employees Pension Plan

	October 31	
	<u>2025</u>	<u>2024</u>
ASSETS		
Investments - at Fair Value:		
Plan interest in Master Trust	<u>\$ -</u>	<u>\$ 32,532,769</u>
Total Investments	-	32,532,769
Accounts Receivable - Nordson Corporation Salaried Employees Pension Plan	-	1,775,577
Accounts Receivable - Nordson Hourly-Rated Employees' Savings Trust Plan	<u>-</u>	<u>9,314</u>
Total Assets	-	34,317,660
LIABILITIES		
Accounts Payable - Nordson Salaried Employees Pension Plan	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ -</u></u>	<u><u>\$ 34,317,660</u></u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Nordson Corporation Hourly-Rated Employees Pension Plan

	Year Ended October 31	
	<u>2025</u>	<u>2024</u>
Investment Income:		
Interest income	\$ -	\$ 3,968
Net investment income from Master Trust	<u>2,125,988</u>	<u>5,354,692</u>
Net Investment Income	2,125,988	5,358,660
Deductions from Net Assets Attributed to:		
Benefits paid to participants	2,461,633	2,600,146
Administrative expenses	<u>251,097</u>	<u>248,285</u>
Total Deductions	<u>2,712,730</u>	<u>2,848,431</u>
Net (Decrease) Increase Before Transfers	(586,742)	2,510,229
Transfers to Another Plan (due to Plan Merger):		
Nordson Corporation Salaried Employees Pension Plan	<u>(33,730,918)</u>	<u>-</u>
Net (Decrease) Increase	(34,317,660)	2,510,229
Net Assets Available for Benefits:		
Beginning of the year	<u>34,317,660</u>	<u>31,807,431</u>
End of the year	<u>\$ -</u>	<u>\$ 34,317,660</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

1 Description of Plan

The following description of the Nordson Corporation Hourly-Rated Employees Pension Plan ("Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began November 1, 1970, is a defined benefit plan covering substantially all domestic hourly-rated full-time employees of Nordson Corporation ("Company") who are covered under a collective bargaining agreement. Employees hired subsequent to November 1, 2004 are not eligible to participate in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective June 3, 2024, the Plan transitioned to a new recordkeeper.

As of February 15, 2025, there were no active participants remaining in the Plan.

Effective as of August 20, 2025, the Trustee for the Nordson Corporation Salaried Employees Pension Plan was changed from The Northern Trust Company to Fidelity Management Trust Company LLC. Fidelity assumed all fiduciary responsibilities related to the trust and administration of plan assets. This change did not result in any amendment to plan provisions, benefits, or participant rights.

Effective October 31, 2025, the Plan was merged into the Nordson Corporation Salaried Employees Pension Plan, sponsored by Nordson Corporation. All of the assets of the merged plan shall be available to pay benefits of all participants and beneficiaries under the merged plan. The merged plans will be restated effective November 1, 2025 and named Nordson Pension Plan.

Funding Policy:

The Company's funding policy for the Plan is to contribute, over time, an amount at least equal to the minimum contribution required by law. The Company's contributions complied with the minimum funding requirements for 2025 and 2024.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

2 Summary of Significant Accounting Policies, Continued

Investment Valuation:

The fair value of the Plan's interest in the Nordson Corporation Master Retirement Trust ("Master Trust") is based on the beginning of the year value of the Plan's investment in the Master Trust, plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses. See Note 7 for descriptions of investment valuation within the Master Trust.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Realized gains or losses on sales of securities represent the difference between net proceeds and carrying value determined using the average cost method.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered prior to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, or (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on credited service. The accumulated Plan benefits for active employees are based on credited service to the valuation date. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered prior to the valuation date.

Payment of Benefits:

Participants are vested after five years of service. Monthly retirement benefits are calculated on an ascending scale based on years of service. Benefits are reduced for early retirement. Benefit payments to participants are recorded upon distribution.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

2 Summary of Significant Accounting Policies, Continued

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). In the event that the Plan terminates, the net assets of the Plan shall be allocated among the participants and beneficiaries in accordance with the priorities mandated by ERISA. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. A full description of the defined benefit plan termination priorities is available in the Plan document.

Risks and Uncertainties:

The Master Trust invests in various investments, as described in Note 7. These investments are exposed to various risks such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Subsequent Events:

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through August 14, 2026, which is the date the financial statements were available to be issued. No other subsequent events were noted.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

3 Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated June 1, 2017, that the Plan and related Master Trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has amendments subsequent to those covered in the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of October 31, 2025, there were no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

4 Accumulated Plan Benefits

The present value of vested benefits under the Plan and the accrued benefits not vested were calculated by consulting actuaries based on personnel information provided by the Company as of the valuation date. Accrued benefits are estimated actuarially using the standard unit credit cost method. The accumulated Plan benefit information as of the beginning of the Plan year is as follows:

Actuarial present value of accumulated Plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 22,158,996
Other participants	4,214,823

26,373,819

Non-vested benefits

2,389

Actuarial present value of accumulated Plan benefits at November 1, 2024

\$ 26,376,208

The changes in accumulated Plan benefits between the two valuation dates were as follows:

Actuarial present value of accumulated Plan benefits at November 1, 2023	\$ 27,229,405
Increase (Decrease) During the Year Attributable to:	
Benefits accrued	22,495
Plan experience	44,591
Benefits paid	(2,606,807)
Interest	1,686,524
	<u>(853,197)</u>
Actuarial present value of accumulated Plan benefits at November 1, 2024	<u>\$ 26,376,208</u>

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

4 Accumulated Plan Benefits, Continued

Plan experience typically results from participants retiring earlier or later than expected, and demographic changes that are more or less than anticipated.

Significant assumptions underlying the actuarial computations are:

Mortality basis - employees and former employees - amounts-weighted aggregate rates from the Pri-2012 mortality study (projected generationally from 2012 using Scale MP-2021).

Mortality basis - disabled lives - amounts-weighted disabled retiree rates from Pri-2012 mortality study (projected generationally from 2012 using Scale MP-2021).

Mortality basis - contingent survivors - amounts-weighted aggregate contingent survivor rates from Pri-2012 mortality study (projected generationally from 2012 using Scale MP-2021).

Discount rate - 6.50%

Retirement - participants are assumed to retire at the following rates by age:

Age	Rate
55 - 59	0%
60	6%
61	5%
62	46%
63	22%
64	11%
65	50%
66	50%
67-69	20%
70	100%

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of November 1, 2024 and do not reflect amendments effective after November 1, 2024.

The present value of the accumulated Plan benefits was approximately \$26,000,000 at the time of the merger on October 31, 2025.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

5 Information Prepared and Certified by Trustees

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustees (The Northern Trust Company and Fidelity Management Trust Company):

	<u>2025</u>	<u>2024</u>
Investments, at fair value	\$ -	\$ 32,532,769
Interest income	\$ -	\$ 3,968
Net investment income from Master Trust	\$ 2,125,988	\$ 5,354,692

6 Fair Value Measurements

Accounting standards define fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be reported at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions and risk of nonperformance.

The standard also establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The standard establishes three levels of inputs that may be used to measure fair value:

- * Level 1: Quoted prices in active markets for identical assets or liabilities;
- * Level 2: Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities;

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

- * Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

7 Interest in Master Trust and Net Investment Gain (Loss)

Prior to October 31, 2025, investments of the Plan were included in the Master Trust on a commingled basis with investments of the Nordson Corporation Salaried Employees Pension Plan. The Plan had an interest in the Master Trust of approximately \$34,000,000 prior to the merger on October 31, 2025, the effective date of the plan merger.

The net assets of the Master Trust at October 31, 2024 are as follows:

	2024	
	Total Master Trust	Plan's Interest in Master Trust
U.S. Government securities	\$ 58,195,953	\$ 5,197,481
Common stocks	10,868,222	970,641
Bonds	106,399,880	9,502,573
Pooled investment funds	153,813,054	13,737,044
Real estate collective funds	33,281,345	2,972,357
Accrued interest and dividends	4,898,305	437,467
Unsettled sales and purchases	(3,188,833)	(284,794)
	<u>\$ 364,267,926</u>	<u>\$ 32,532,769</u>

The following is a description of the valuation methodologies used to measure fair value of assets held in the Master Trust:

U.S. Government Securities : U.S. Treasury bills reflect the closing price in the active market in which the security is traded and are classified within Level 1 of the hierarchy. Securities of U.S. agencies are valued using bid evaluations and are classified within Level 2 of the hierarchy.

Common Stocks : Common stocks are valued at fair value based on closing prices reported in active markets where the securities are traded and are classified within Level 1 of the hierarchy.

Bonds : Bonds are valued using evaluated prices. Because evaluated prices are based on observable inputs such as dealer quotes, bids and offers, these securities are classified within Level 2 of the hierarchy.

Pooled Investment Funds : These are public investment vehicles valued using the net asset value. The net asset value is based on the value of the assets owned by the fund, less liabilities. Participant transactions (purchases and sales) may occur daily. These investments are not quoted on an active exchange. Included in pooled investment funds are money market and mutual funds that are not exchange-traded, and are valued daily at their closing net asset value.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

7 Interest in Master Trust and Net Investment Gain (Loss), Continued

Real Estate Collective Funds: These funds are valued using the net asset value of the underlying properties. Net asset value is calculated using a combination of key inputs, such as revenue and expense growth rates, terminal capitalization rates and discount rates.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investment assets at fair value as of October 31, 2024:

	Fair Value Measurements Using Input Type			
	Level 1	Level 2	Level 3	Total
U.S. Government securities	\$ -	\$ 58,195,953	\$ -	\$ 58,195,953
Common stocks	10,868,222	-	-	10,868,222
Bonds	-	106,399,880	-	106,399,880
Total Investments in the Fair Value Hierarchy	<u>\$ 10,868,222</u>	<u>\$ 164,595,833</u>	<u>\$ -</u>	175,464,055
Investments measured at Net Asset Value:				
Pooled investment funds				153,813,054
Real estate collective funds				<u>33,281,345</u>
Total Investments in the Master Trust at Fair Value				<u>\$ 362,558,454</u>

At October 31, 2025 and 2024, the Master Trust did not hold any Nordson Corporation common stock.

Net investment gain for the Master Trust for the years ended October 31, 2025 and 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Interest income	\$ 7,414,819	\$ 8,470,538
Dividend income	399,059	434,503
Net income from real estate collective funds	1,005,782	1,446,802
Net appreciation in fair value of investments	<u>22,234,727</u>	<u>44,437,677</u>
Net investment gain	<u>\$ 31,054,387</u>	<u>\$ 54,789,520</u>

Investment gain is allocated based on the fair value of each plan within the Master Trust. Immediately prior to the Plan merger on October 31, 2025, the Plan had an interest in the net assets of the Master Trust of 9%. The Plan had an interest in the net assets of the Master Trust of 9% at October 31, 2024.

NOTES TO FINANCIAL STATEMENTS

Nordson Corporation Hourly-Rated Employees Pension Plan

8 Financial Instruments

The investment managers of the Master Trust invest in futures contracts to buy or sell United States Treasuries at a future date for a specified price. Futures contracts are used primarily to mitigate exposure to changes in interest rates. At October 31, 2024, the Master Trust had contracts outstanding to sell Treasury bonds with a notional value of \$24,263,898. The Master Trust accounts for these futures contracts at fair value, which is based on the current exchange closing price. Gains and losses on the contracts are settled daily. Changes in value of these instruments are included in Net investment income (loss) from Master Trust on the Statement of Changes in Net Assets. The Master Trust recognized net losses of \$381,504 (2025) and net gains of \$1,573,812 (2024) related to these contracts.

These instruments involve elements of credit and market risks. The daily settlement on the futures contracts serves to greatly reduce credit risk. The Master Trust enters into futures contracts on exchanges where the exchange acts as the counterparty, thus limiting the credit risk to the failure of the exchange.

9 Party-in-Interest Transactions

Certain investments held by the Master Trust are funds managed by The Northern Trust Company and Fidelity Management Trust Company. A majority of the expenses with respect to the Plan were paid by the Master Trust, and these expenses were allocated between each participating retirement plan with a divided interest in the Master Trust. In addition, the Plan has arrangements with various service providers, and these arrangements qualify as party-in-interest transactions.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions

Plan Name	Nordson Corporation Hourly-Rated Employees Pension Plan
Effective Date	Effective November 1, 1970. Restated to November 1, 2009
Five Year History	Effective February 1, 2011 any retired or former employee who is rehired on or after November 1, 2004 and prior to February 1, 2011 shall be eligible for a disability benefit. The monthly benefit multiplier was increased from \$40 to \$41 for employees who retire on or after November 4, 2013. The monthly benefit multiplier was increased from \$41 to \$41.50 for employees who retire on or after November 1, 2016.
Plan Year	November 1 through October 31
Eligibility	Any individual who is in full-time service as an hourly-rated employee, covered by a collective bargaining agreement and hired prior to November 1, 2004.
Normal Retirement	
Eligibility	Age 65
Benefits	Employees who retire after November 1, 2016 receive a monthly benefit equal to \$41.50 per month multiplied by total years of participation service.
Early Retirement	
Eligibility	Age 55 and 10 years of service
Benefits	An early retiree shall receive a monthly benefit computed in the same manner as a normal retirement benefit but based on years of participation at early retirement. This amount will be reduced by $\frac{1}{2}$ of 1% for each month that the employee's benefit commencement date precedes his normal retirement date.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Preretirement Spouse Benefit

Eligibility

Five years of service

Benefits

A spouse who survives a vested participant who has not yet retired shall receive a life annuity commencing at the later of the participant's earliest retirement age or the participant's date of death. The benefit amount will be equal to the survivor portion that the spouse would have received had the participant separated from service on the date of death with a 50% joint-and-survivor annuity in effect. The benefit will be unreduced for early retirement.

Disability

Eligibility

Ten years of service and total and permanent disability

Any retired or former employee who is rehired on or after November 1, 2004 and prior to February 1, 2011 shall be eligible for a disability benefit.

Benefits

A disabled retiree shall receive a monthly benefit computed in the same manner as an early or normal retirement benefit based upon the years of participation at disability retirement, payable the later of the month following the month of disability retirement or the month in which he/she makes written application for the benefit. The monthly benefit will be no less than \$50.

Deferred With Vesting

Eligibility

Five years of service

Benefit

A vested participant who terminates shall be entitled to receive his accrued benefit according to the normal or early retirement provisions. The accrued benefit is computed in the same manner as a normal retirement benefit but based on the participant's service at the time of termination.

Normal Form of Benefits

Life annuity. Married employees are assumed to receive the 50% joint and survivor option unless they elect otherwise.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Optional Forms of Benefits

Employees may choose one of the following actuarial equivalent forms of payments:

- A reduced monthly benefit payable to the retiree with a percentage (100%, 75% or 50%) of such amount continued to the contingent annuitant upon the employee's death.
- A reduced monthly benefit payable to the retiree for life with 120 months of guaranteed payments.
- Social Security level income form of payment.

Definitions

Service

A year of service is credited for 1,000 or more hours in a plan year.

Participation Service

A full year of participation service is credited for 2,000 hours in a plan year; between 1,000 and 2,000 hours, one twelfth of a year is credited for each complete 167 hours.

Actuarial Equivalence

For all purposes other than lump sums use 1971 Group Annuity Table and an interest rate of 7%.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
 Nordson Corporation Hourly-Rated Employees Pension Plan
 EIN: 34-0590250 PN: 004

Schedule SB, line 26a — Schedule of Active Participant Data
 as of November 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59										
60-64									2	1
65-69										3
70+										

N-6

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of July 2024), each adjusted as needed to fall within the 25-year interest rate stabilization corridor under ARPA.
1st Segment Rate	4.99%
2nd Segment Rate	5.29%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of July 2024), without regard to interest rate stabilization.
1st Segment Rate	4.99%
2nd Segment Rate	5.29%
3rd Segment Rate	5.29%
Optional Payment Form Election Percentage	100% life annuity
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limit	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	6.40%
2023 Plan Year	6.50%
2024 Plan Year	6.50%

Trust Expenses Included in Target Normal Cost

\$69,000. Expenses are assumed to be equal to the prior year's actual administrative expenses paid from the trust, rounded to the nearest \$1,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

November 1, 2024

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
60	6.00%
61	5.00%
62	46.00%
63	22.00%
64	11.00%
65	50.00%
66	50.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
 Nordson Corporation Hourly-Rated Employees Pension Plan
 EIN: 34-0590250 PN: 004

Table 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
16	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
17	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
18	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
19	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
20	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
21	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
22	6.75%	6.75%	6.75%	6.75%	6.75%	6.75%
23	6.45%	6.45%	6.45%	6.45%	6.45%	6.45%
24	6.00%	6.00%	6.00%	6.00%	6.00%	6.00%
25	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%
26	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%
27	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%
28	4.65%	4.65%	4.65%	4.65%	4.65%	4.65%
29	4.35%	4.35%	4.35%	4.35%	4.35%	4.35%
30	4.35%	4.20%	4.20%	4.20%	4.20%	4.20%
31	4.35%	4.20%	3.90%	3.90%	3.90%	3.90%
32	4.35%	4.20%	3.90%	3.75%	3.60%	3.60%
33	4.35%	4.20%	3.90%	3.75%	3.60%	3.30%
34	4.35%	4.20%	3.90%	3.75%	3.60%	3.15%
35	4.35%	4.20%	3.90%	3.75%	3.60%	2.85%
36	4.35%	4.20%	3.90%	3.75%	3.60%	2.70%
37	4.35%	4.20%	3.90%	3.75%	3.60%	2.55%
38	4.35%	4.20%	3.90%	3.75%	3.60%	2.40%
39	4.35%	4.20%	3.90%	3.75%	3.60%	2.25%

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
 Nordson Corporation Hourly-Rated Employees Pension Plan
 EIN: 34-0590250 PN: 004

Table 2 continued

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
40	4.35%	4.20%	3.90%	3.75%	3.60%	2.10%
41	4.35%	4.20%	3.90%	3.75%	3.60%	1.95%
42	4.35%	4.20%	3.90%	3.75%	3.60%	1.80%
43	4.35%	4.20%	3.90%	3.75%	3.60%	1.80%
44	4.35%	4.20%	3.90%	3.75%	3.60%	1.65%
45	4.35%	4.20%	3.90%	3.75%	3.60%	1.65%
46	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
47	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
48	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
49	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
50	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
51	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
52	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
53	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
54	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
55+	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
 Nordson Corporation Hourly-Rated Employees Pension Plan
 EIN: 34-0590250 PN: 004

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	45	0.405%	0.608%
16	0.285%	0.428%	46	0.430%	0.645%
17	0.285%	0.428%	47	0.460%	0.690%
18	0.285%	0.428%	48	0.494%	0.741%
19	0.285%	0.428%	49	0.532%	0.798%
20	0.286%	0.429%	50	0.574%	0.861%
21	0.287%	0.431%	51	0.623%	0.935%
22	0.288%	0.432%	52	0.676%	1.014%
23	0.284%	0.426%	53	0.735%	1.103%
24	0.280%	0.420%	54	0.798%	1.197%
25	0.278%	0.417%	55	0.868%	1.302%
26	0.277%	0.416%	56	0.946%	1.419%
27	0.276%	0.414%	57	1.035%	1.553%
28	0.275%	0.413%	58	1.135%	1.703%
29	0.275%	0.413%	59	1.245%	1.868%
30	0.275%	0.413%	60	1.363%	2.045%
31	0.276%	0.414%	61	1.491%	2.237%
32	0.278%	0.417%	62	1.628%	2.442%
33	0.281%	0.422%	63	1.778%	2.667%
34	0.284%	0.426%	64	1.938%	2.907%
35	0.288%	0.432%	65+	0.000%	0.000%
36	0.294%	0.441%			
37	0.300%	0.450%			
38	0.307%	0.461%			
39	0.314%	0.471%			
40	0.323%	0.485%			
41	0.334%	0.501%			
42	0.348%	0.522%			
43	0.365%	0.548%			
44	0.383%	0.575%			

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 2,744,190	November 1, 2023	14	\$ 267,562
Shortfall	\$ 1,349,951	November 1, 2024	15	\$ 125,668

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	6.00%	1.0000	3.63
61.5	5.00%	0.9400	2.89
62.5	46.00%	0.8930	25.67
63.5	22.00%	0.4822	6.74
64.5	11.00%	0.3761	2.67
65.5	50.00%	0.3348	10.96
66.5	50.00%	0.1674	5.57
67.5	20.00%	0.0837	1.13
68.5	20.00%	0.0670	0.92
69.5	20.00%	0.0536	0.74
70	100.00%	0.0428	3.00
Weighted Average			63.92

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
	☐ the first return/report ☒ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a	Name of plan NORDSON CORPORATION HOURLY-RATED EMPLOYEES PENSION PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 11/01/1970
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORDSON CORPORATION 28601 CLEMENS ROAD WESTLAKE OH 44145
2b	Employer Identification Number (EIN) 34-0590250
2c	Plan Sponsor's telephone number 440-892-1580
2d	Business code (see instructions) 333200

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	<i>Joseph M. Rutledge</i>	8/17/2026	JOSEPH RUTLEDGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Joseph M. Rutledge</i>	8/17/2026	JOSEPH RUTLEDGE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name c Plan Name	4d PN

5 Total number of participants at the beginning of the plan year	5	378
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	6
a (2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	0
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(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 _____
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

► Round off amounts to nearest dollar.
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Nordson Corporation Hourly-Rated Employees Pension Plan		B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NORDSON CORPORATION		D Employer Identification Number (EIN) 34-0590250	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month 11 Day 01 Year 2024			
2 Assets:			
a Market value		2a	33,353,575
b Actuarial value		2b	32,646,829
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	302	24,099,313	24,099,313
b For terminated vested participants	70	3,374,725	3,374,725
c For active participants	6	1,284,416	1,287,575
d Total	378	28,758,454	28,761,613
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	5.32%	
6 Target normal cost			
a Present value of current plan year accruals	6a	23,481	
b Expected plan-related expenses	6b	69,000	
c Target normal cost	6c	92,481	

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

SIGN HERE GREGORY H. REYNOLDS Signature of actuary GREGORY H. REYNOLDS Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17854 P.O. BOX 7505 FORT WASHINGTON PA 19034 Address of the firm	07/28/2026 Date 2606401 Most recent enrollment number 216-430-4748 Telephone number (including area code)
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Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.99 % 2nd segment: 5.29 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	64
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	92,481
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	4,094,141	393,230
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 style="text-align: right;">485,711
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	485,711
36	Additional cash requirement (line 34 minus line 35).....		36 style="text-align: right;">0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 style="text-align: right;">0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a style="text-align: right;">0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b style="text-align: right;">0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 style="text-align: right;">0
40	Unpaid minimum required contributions for all years		40 style="text-align: right;">0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021		

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	6.00%	1.0000	3.63
61.5	5.00%	0.9400	2.89
62.5	46.00%	0.8930	25.67
63.5	22.00%	0.4822	6.74
64.5	11.00%	0.3761	2.67
65.5	50.00%	0.3348	10.96
66.5	50.00%	0.1674	5.57
67.5	20.00%	0.0837	1.13
68.5	20.00%	0.0670	0.92
69.5	20.00%	0.0536	0.74
70	100.00%	0.0428	3.00
Weighted Average			63.92

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of July 2024), each adjusted as needed to fall within the 25-year interest rate stabilization corridor under ARPA.
1st Segment Rate	4.99%
2nd Segment Rate	5.29%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of July 2024), without regard to interest rate stabilization.
1st Segment Rate	4.99%
2nd Segment Rate	5.29%
3rd Segment Rate	5.29%
Optional Payment Form Election Percentage	100% life annuity
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limit	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	6.40%
2023 Plan Year	6.50%
2024 Plan Year	6.50%

Trust Expenses Included in Target Normal Cost

\$69,000. Expenses are assumed to be equal to the prior year's actual administrative expenses paid from the trust, rounded to the nearest \$1,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

November 1, 2024

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
60	6.00%
61	5.00%
62	46.00%
63	22.00%
64	11.00%
65	50.00%
66	50.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
 Nordson Corporation Hourly-Rated Employees Pension Plan
 EIN: 34-0590250 PN: 004

Table 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
16	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
17	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
18	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
19	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
20	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
21	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%
22	6.75%	6.75%	6.75%	6.75%	6.75%	6.75%
23	6.45%	6.45%	6.45%	6.45%	6.45%	6.45%
24	6.00%	6.00%	6.00%	6.00%	6.00%	6.00%
25	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%
26	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%
27	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%
28	4.65%	4.65%	4.65%	4.65%	4.65%	4.65%
29	4.35%	4.35%	4.35%	4.35%	4.35%	4.35%
30	4.35%	4.20%	4.20%	4.20%	4.20%	4.20%
31	4.35%	4.20%	3.90%	3.90%	3.90%	3.90%
32	4.35%	4.20%	3.90%	3.75%	3.60%	3.60%
33	4.35%	4.20%	3.90%	3.75%	3.60%	3.30%
34	4.35%	4.20%	3.90%	3.75%	3.60%	3.15%
35	4.35%	4.20%	3.90%	3.75%	3.60%	2.85%
36	4.35%	4.20%	3.90%	3.75%	3.60%	2.70%
37	4.35%	4.20%	3.90%	3.75%	3.60%	2.55%
38	4.35%	4.20%	3.90%	3.75%	3.60%	2.40%
39	4.35%	4.20%	3.90%	3.75%	3.60%	2.25%

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
 Nordson Corporation Hourly-Rated Employees Pension Plan
 EIN: 34-0590250 PN: 004

Table 2 continued

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
40	4.35%	4.20%	3.90%	3.75%	3.60%	2.10%
41	4.35%	4.20%	3.90%	3.75%	3.60%	1.95%
42	4.35%	4.20%	3.90%	3.75%	3.60%	1.80%
43	4.35%	4.20%	3.90%	3.75%	3.60%	1.80%
44	4.35%	4.20%	3.90%	3.75%	3.60%	1.65%
45	4.35%	4.20%	3.90%	3.75%	3.60%	1.65%
46	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
47	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
48	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
49	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
50	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
51	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
52	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
53	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
54	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%
55+	4.35%	4.20%	3.90%	3.75%	3.60%	1.50%

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
 Nordson Corporation Hourly-Rated Employees Pension Plan
 EIN: 34-0590250 PN: 004

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	45	0.405%	0.608%
16	0.285%	0.428%	46	0.430%	0.645%
17	0.285%	0.428%	47	0.460%	0.690%
18	0.285%	0.428%	48	0.494%	0.741%
19	0.285%	0.428%	49	0.532%	0.798%
20	0.286%	0.429%	50	0.574%	0.861%
21	0.287%	0.431%	51	0.623%	0.935%
22	0.288%	0.432%	52	0.676%	1.014%
23	0.284%	0.426%	53	0.735%	1.103%
24	0.280%	0.420%	54	0.798%	1.197%
25	0.278%	0.417%	55	0.868%	1.302%
26	0.277%	0.416%	56	0.946%	1.419%
27	0.276%	0.414%	57	1.035%	1.553%
28	0.275%	0.413%	58	1.135%	1.703%
29	0.275%	0.413%	59	1.245%	1.868%
30	0.275%	0.413%	60	1.363%	2.045%
31	0.276%	0.414%	61	1.491%	2.237%
32	0.278%	0.417%	62	1.628%	2.442%
33	0.281%	0.422%	63	1.778%	2.667%
34	0.284%	0.426%	64	1.938%	2.907%
35	0.288%	0.432%	65+	0.000%	0.000%
36	0.294%	0.441%			
37	0.300%	0.450%			
38	0.307%	0.461%			
39	0.314%	0.471%			
40	0.323%	0.485%			
41	0.334%	0.501%			
42	0.348%	0.522%			
43	0.365%	0.548%			
44	0.383%	0.575%			

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions

Plan Name	Nordson Corporation Hourly-Rated Employees Pension Plan
Effective Date	Effective November 1, 1970. Restated to November 1, 2009
Five Year History	Effective February 1, 2011 any retired or former employee who is rehired on or after November 1, 2004 and prior to February 1, 2011 shall be eligible for a disability benefit. The monthly benefit multiplier was increased from \$40 to \$41 for employees who retire on or after November 4, 2013. The monthly benefit multiplier was increased from \$41 to \$41.50 for employees who retire on or after November 1, 2016.
Plan Year	November 1 through October 31
Eligibility	Any individual who is in full-time service as an hourly-rated employee, covered by a collective bargaining agreement and hired prior to November 1, 2004.
Normal Retirement	
Eligibility	Age 65
Benefits	Employees who retire after November 1, 2016 receive a monthly benefit equal to \$41.50 per month multiplied by total years of participation service.
Early Retirement	
Eligibility	Age 55 and 10 years of service
Benefits	An early retiree shall receive a monthly benefit computed in the same manner as a normal retirement benefit but based on years of participation at early retirement. This amount will be reduced by $\frac{1}{2}$ of 1% for each month that the employee's benefit commencement date precedes his normal retirement date.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Preretirement Spouse Benefit

Eligibility

Five years of service

Benefits

A spouse who survives a vested participant who has not yet retired shall receive a life annuity commencing at the later of the participant's earliest retirement age or the participant's date of death. The benefit amount will be equal to the survivor portion that the spouse would have received had the participant separated from service on the date of death with a 50% joint-and-survivor annuity in effect. The benefit will be unreduced for early retirement.

Disability

Eligibility

Ten years of service and total and permanent disability

Any retired or former employee who is rehired on or after November 1, 2004 and prior to February 1, 2011 shall be eligible for a disability benefit.

Benefits

A disabled retiree shall receive a monthly benefit computed in the same manner as an early or normal retirement benefit based upon the years of participation at disability retirement, payable the later of the month following the month of disability retirement or the month in which he/she makes written application for the benefit. The monthly benefit will be no less than \$50.

Deferred With Vesting

Eligibility

Five years of service

Benefit

A vested participant who terminates shall be entitled to receive his accrued benefit according to the normal or early retirement provisions. The accrued benefit is computed in the same manner as a normal retirement benefit but based on the participant's service at the time of termination.

Normal Form of Benefits

Life annuity. Married employees are assumed to receive the 50% joint and survivor option unless they elect otherwise.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Optional Forms of Benefits

Employees may choose one of the following actuarial equivalent forms of payments:

- A reduced monthly benefit payable to the retiree with a percentage (100%, 75% or 50%) of such amount continued to the contingent annuitant upon the employee's death.
- A reduced monthly benefit payable to the retiree for life with 120 months of guaranteed payments.
- Social Security level income form of payment.

Definitions

Service

A year of service is credited for 1,000 or more hours in a plan year.

Participation Service

A full year of participation service is credited for 2,000 hours in a plan year; between 1,000 and 2,000 hours, one twelfth of a year is credited for each complete 167 hours.

Actuarial Equivalence

For all purposes other than lump sums use 1971 Group Annuity Table and an interest rate of 7%.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
 Nordson Corporation Hourly-Rated Employees Pension Plan
 EIN: 34-0590250 PN: 004

Schedule SB, line 26a — Schedule of Active Participant Data
 as of November 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59										
60-64									2	1
65-69										3
70+										

N-6

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Nordson Corporation Hourly-Rated Employees Pension Plan
EIN: 34-0590250 PN: 004

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 2,744,190	November 1, 2023	14	\$ 267,562
Shortfall	\$ 1,349,951	November 1, 2024	15	\$ 125,668