

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 12/01/2024 and ending 11/30/2025	
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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan H.B. FULLER LEGACY PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 08/29/1945
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) H.B. FULLER COMPANY P.O. BOX 64683 ST. PAUL, MN 55164
2b	Employer Identification Number (EIN) 41-0268370
2c	Plan Sponsor's telephone number 651-236-5058
2d	Business code (see instructions) 325500

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2026	DAWN BERGIEN-SKARBALUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 2069
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) 237 6a(2) 188 6b 1314 6c 275 6d 1777 6e 255 6f 2032 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 3F 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 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 12/01/2024 and ending 11/30/2025	
▶ 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 H.B. FULLER LEGACY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF H.B. FULLER COMPANY	D Employer Identification Number (EIN) 41-0268370
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 12 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	349023906	
b	Actuarial value	2b	329335351	
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	1559	193292479	193292479
b	For terminated vested participants	305	18212297	18212297
c	For active participants	237	28045531	28555787
d	Total	2101	239550307	240060563
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	5.37 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	416028	
b	Expected plan-related expenses	6b	690000	
c	Target normal cost	6c	1106028	

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 JOSEPH RISNER Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name PO BOX 674401 HOUSTON, TX 77267 Address of the firm	08/06/2026 Date 26-07889 Most recent enrollment number 952-842-7000 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)	80891884	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	80891884	0
10	Interest on line 9 using prior year's actual return of 16.15 %	13064039	0
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 5.19 %		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	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	93955923	0

Part III Funding Percentages

14	Funding target attainment percentage	14	98.05 %
15	Adjusted funding target attainment percentage	15	137.18 %
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	137.99 %
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)	0	18(c) 0

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	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

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: 5.04 %	2nd segment: 5.32 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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	1106028	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	1106028	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1106028	0	1106028
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
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	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
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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 12/01/2024 and ending 11/30/2025		
A Name of plan H.B. FULLER LEGACY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 H.B. FULLER COMPANY	D Employer Identification Number (EIN) 41-0268370	

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
NORTHERN TRUST CORPORATION
36-2723087

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
U.S. BANCORP ASSET MANAGEMENT, INC.
41-2003732

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
U.S. BANCORP FUND SERVICES, LLC
39-1939072

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

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

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

AON INVESTMENTS USA INC.

36-3109431

(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 50	NONE	336961	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	261082	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK NATIONAL ASSOCIATION

31-0841368

(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 50	NONE	72657	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

STEVEN DOUGLAS FINANCIAL

20-5219496

(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?
16 50	NONE	52116	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	30780	Yes ☐ No ☒	Yes ☐ No ☐		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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025		
A Name of plan H.B. FULLER LEGACY PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 H.B. FULLER COMPANY		D Employer Identification Number (EIN) 41-0268370

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF			
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY			
c EIN-PN 88-6547562-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2742355	
a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF			
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY			
c EIN-PN 88-6547562-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15492150	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON ENH LIAB DRIV INV FD SR			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17354908	
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)**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 12/01/2024 and ending 11/30/2025		
A Name of plan H.B. FULLER LEGACY PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 H.B. FULLER COMPANY		D Employer Identification Number (EIN) 41-0268370

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)	16087	24227
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5152570	6490312
(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)	26532755	35589414
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	317322494	322941405
(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	349023906	365045358
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	44968	47724
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	44968	47724
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	348978938	364997634

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	191102	
(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)		191102
(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)		0
(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)		3966014
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		32688132
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		36845248

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20193091	
(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)		20193091
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)	72871	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	30780	
(5) Investment advisory and investment management fees	2i(5)	53865	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	261084	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	214861	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		633461
j Total expenses. Add all expense amounts in column (b) and enter total	2j		20826552

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16018696
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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)

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 583779.

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 12/01/2024 and ending 11/30/2025					
A Name of plan H.B. FULLER LEGACY PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 H.B. FULLER COMPANY				D Employer Identification Number (EIN) 41-0268370	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 41-6271370 41-0417830					
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	1
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: 45.7 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 43.7 %

High-Yield Debt: 3.0 % Real Assets: 5.8 % Cash or Cash Equivalents: 1.8 % Other: 0.0 %

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_____.

H.B. FULLER COMPANY LEGACY PENSION PLAN

FINANCIAL STATEMENTS

and Supplementary Information

November 30, 2025 and 2024

H.B. FULLER COMPANY LEGACY PENSION PLAN

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Independent Auditor's Report

To the Plan Administrator
H.B. Fuller Company Legacy Pension Plan
St. Paul, Minnesota

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

We have performed audits of the financial statements of H.B. Fuller Company Legacy Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of November 30, 2025 and 2024, and the related statements 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of November 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified 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 GAAP, 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 within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 GAAP.

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 GAAP.

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

Other Matter – Supplemental Schedules Required by ERISA

The ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of November 30, 2025 and Schedule of Reportable Transactions for the year ended November 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified



investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BDO USA, P.C.

September 11, 2026

H.B. FULLER COMPANY LEGACY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
November 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value	\$ 365,021,130	\$ 349,007,819
Trade settlements receivable and accrued interest	<u>24,227</u>	<u>16,087</u>
TOTAL ASSETS	<u>365,045,357</u>	<u>349,023,906</u>
LIABILITIES		
Accrued administrative expenses & other liabilities	<u>47,723</u>	<u>44,968</u>
TOTAL LIABILITIES	<u>47,723</u>	<u>44,968</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 364,997,634</u>	<u>\$ 348,978,938</u>

See accompanying notes to financial statements.

H.B. FULLER COMPANY LEGACY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended November 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 36,654,146	\$ 49,789,037
Interest and dividends	191,102	255,845
Total additions	<u>36,845,248</u>	<u>50,044,882</u>
DEDUCTIONS		
Benefits paid to participants	20,193,091	19,985,174
Administrative expenses	633,461	741,090
Total deductions	<u>20,826,552</u>	<u>20,726,264</u>
Net increase	16,018,696	29,318,618
NET ASSETS AVAILABLE FOR BENEFITS -		
Beginning of year	<u>348,978,938</u>	<u>319,660,320</u>
NET ASSETS AVAILABLE FOR BENEFITS -		
End of year	\$ <u><u>364,997,634</u></u>	\$ <u><u>348,978,938</u></u>

See accompanying notes to the financial statements.

H.B. FULLER COMPANY LEGACY PENSION PLAN
Notes to Financial Statements
As of and for the Year Ended November 30, 2025 and 2024

NOTE 1 – Description of the Plan

The following description of the H.B. Fuller Company Legacy Pension Plan (“the Plan”) provides only general information. Participants should refer to the H.B. Fuller Company Legacy Pension Plan legal plan document for a more complete description of the Plan's provisions.

Effective December 1, 2021, the ADCO Plan merged with the Plan. The ADCO Plan was a defined benefit pension plan covering eligible ADCO Michigan Center union employees of Royal Adhesives and Sealants. The Plan's provisions discussed below are for participants of the Plan prior to the merger of the ADCO Plan and provisions specific to the former ADCO employees are noted separately.

General

The Plan is a defined benefit pension plan established, sponsored and administered by H.B. Fuller Company (“the Company”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Trustee is U.S. Bank N.A. For legacy H.B. Fuller, all regular, full-time and part-time U. S. employees who have completed at least six months of service before January 1, 2007, as defined in the Plan, are eligible to participate. On January 1, 2007, the Plan was closed to new participants and new employees are no longer eligible to participate in the Plan. For former ADCO union employees, participation is for all regular, full-time, and part-time ADCO union employees who have completed at least one year of service before August 31, 2009. As of August 31, 2009, participation in the former ADCO plan was closed to new participants and new employees were no longer eligible to participate. The Company has overall responsibility for the operation and administration of the Plan. The Benefit Plan Committee determines investment goals and objectives including asset allocation and funding and regularly monitors investment performance. The Benefit Plans Committee appoints an investment manager who determines the appropriateness of and manages the Plan's investment offerings.

Effective June 1, 2011, significant changes to the Plan were made. These changes included: benefits under the Plan were frozen using service and pay as of May 31, 2011, participants no longer earn benefits for future service and salary as they had in the past, impacted participants who continuously remain active receive a three percent increase to the frozen benefit for every year they continue to work for the Company.

Vesting

All participants are fully vested, with the exception of re-hires that might not be fully vested.

Contributions

The Company makes contributions to the Plan as needed and determined by an independent consulting actuary. The required contributions are determined under the projected unit credit actuarial cost method. There were no contributions required to the Plan for the years ended November 30, 2025 and 2024. In 2025 and 2024, the Plan met the minimum funding requirements of ERISA.

Benefit Payments

Legacy H.B. Fuller participants are eligible for monthly benefit payments upon attaining age 65. The monthly amount of a participant's normal retirement benefit is equal to the sum of (i) 1.0 percent of final average monthly pay for each year of credited service as of May 31, 2011, plus (ii) 0.45 percent of final average monthly pay in excess of the Social Security covered compensation level for each year of credited service up to a maximum of 30 years as of May 31, 2011. In addition, for each month of continuous employment with the Company following May 31, 2011, the participant's normal retirement benefit will increase by 0.25 percent.

If a non-ADCO participant is married and dies before retirement, but after being vested, the Plan requires that a pre-retirement annuity be provided to the spouse. This annuity may be commenced as early as when the participant would have been eligible for early retirement, had they survived.

H.B. FULLER COMPANY LEGACY PENSION PLAN
Notes to Financial Statements
As of and for the Year Ended November 30, 2025 and 2024

Former ADCO union employees are eligible for monthly benefit payments upon attaining age 65 and payments are taken in the form of a life annuity or in a lump sum. The monthly amount of a participant's normal retirement benefit is based on a monthly benefit rate multiplied by the benefit service credits that a participant earns. Both factors are detailed in the plan document. No benefit service credits can be earned after August 31, 2009.

Both the Plan and the provisions of the former ADCO plan provide a reduced early retirement benefit at age 55 with ten or more years of vesting service. The reduced benefit is the normal retirement benefit decreased by a specific percentage based on the age of early retirement.

For Legacy Pension Plan participants, if a married participant dies, the surviving spouse automatically receives a survivor annuity for life in the amount of 50 percent of the monthly pension payment the participant would have received had they survived to age 65, actuarially reduced for early commencement. The surviving spouse has the option to commence their benefit as early as the participant's earliest retirement age or delay the commencement of benefit to later but no later than the first of the month following when the participant would have reached their 65th birthday. If a single participant dies, there is no death benefit payable. ADCO death benefit rules apply to those participants. There is no disability benefit payable in the plan.

If the lump sum value of the pension is \$5,000 or less (\$1,000 or less for former ADCO union employees), it is automatically distributed as a single lump sum payment. The payment will be made as soon as administratively practicable after employment ends. Participants can elect to receive their benefit in cash or have it rolled over into another qualified employer plan or IRA. If an election is not made within ninety days of receiving the information, a check for the full benefit, less applicable tax withholding, will be sent to the participant for benefits less than \$1,000 or rolled into an IRA on the participant's behalf for benefits between \$1,000 and \$5,000.

NOTE 2 – Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates

The preparation of the financial statements in conformity with US GAAP requires the Plan's management to use estimates and assumptions that affect the reported amount of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the accompanying financial statements. Actual results could differ from these estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company's management determines the Plan's valuation policies. See Note 11 for further discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

H.B. FULLER COMPANY LEGACY PENSION PLAN
Notes to Financial Statements
As of and for the Year Ended November 30, 2025 and 2024

Administrative Expenses

The Plan's expenses can be paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through the date these financial statements were issued. There were no subsequent events requiring adjustment to the financial statements or disclosure through September 11, 2026, the date that the Plan's financial statements were available to be issued.

NOTE 3 – Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include all benefits expected to be paid to:

- a) Retired or terminated employees or their beneficiaries/alternate payees.
- b) Beneficiaries of employees who have died.
- c) Present employees or their beneficiaries.

Benefits under the Plan are based on employees' compensation and years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances such as retirement, death, disability and termination of employment are included, to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined as of the end of the plan year by an independent consulting actuary. The present value of accumulated plan benefits results from applying actuarial assumptions to the benefit amounts, with the actuarial assumptions used to adjust those amounts to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the benefit information date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of December 1, 2025. Had the valuations been performed as of November 30, there would be no material differences.

The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits were:

- Life expectancy of Participants ("Pri-2012 Healthy Annuitants and Non-Annuitants Tables" projected using Scale MIM 2021 with the long-term improvement rates modified by a factor of 0.85).
- Retirement Age Assumptions:

H.B. FULLER COMPANY LEGACY PENSION PLAN
Notes to Financial Statements
As of and for the Year Ended November 30, 2025 and 2024

<u>Legacy Pension Plan Employees</u>		<u>Former ADCO Employees</u>	
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55-60	6%	62	50%
61	10%	63-64	25%
62-64	20%	65	100%
65-69	40%		
70	100%		

- Weighted Average Discount (Long-Term Funding) Rate of 7.50 percent for 2025 and 2024
- Expected Long-Term Rate of Return on Assets of 7.50 percent for 2025 and 2024
- Expenses – the investment return is assumed to be net of expenses
- Terminations (not due to disability or retirement):

<u>Age</u>	<u>Rate of Withdrawal</u>
35	5%
40	5%
45	5%
50	5%

The foregoing 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.

NOTE 4 – Information Certified by the Trustee

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, U.S Bank NA, the trustee of the Plan and a qualified institution has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of November 30, 2025 and 2024 and the supplementary Schedule of Assets (Held at End of Year) as of November 30, 2025, the related investment income reported in the Statements of Changes in Net Assets Available for Benefits for the years ended November 30, 2025 and 2024, and the information reported in the supplementary Schedule of Reportable Transactions for the year ended November 30, 2025.

NOTE 5 – Funding Policy

The Plan's funding policy is for the Company to make annual contributions to the Plan in amounts equal to the minimum required contribution under ERISA. The Company may increase its contribution above the minimum if appropriate to its tax and cash position and the Plan's funded position. As described in Note 1, the minimum funding requirements of ERISA were met for 2025 and 2024.

Although it has not expressed any intention 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 set forth in ERISA.

NOTE 6 – Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the

H.B. FULLER COMPANY LEGACY PENSION PLAN
Notes to Financial Statements
As of and for the Year Ended November 30, 2025 and 2024

lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

- Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC") (a U.S. government agency) up to the applicable limitations.
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

NOTE 7 – Related Party and Party-In-Interest Transactions

The Plan's investments are administered under a contract with U.S. Bank N.A., the trustee of the Plan. Contributions are held and managed by the Plan trustee, who invests cash received, interest, and dividend income and makes distributions to participants.

Aon plc ("Aon") provides investment advisory services for the Plan. They are also the holder of several of the investment funds in the Plan. Transactions with Aon qualify as party-in-interest transactions which are exempt from the prohibited transactions rules of ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

These transactions qualify as party-in-interest transactions which are exempt from the prohibited transactions rules of ERISA.

H.B. FULLER COMPANY LEGACY PENSION PLAN
Notes to Financial Statements
As of and for the Year Ended November 30, 2025 and 2024

NOTE 8 – Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits, calculated under the provisions of Financial Accounting Standards Board Accounting Standards Codification 960: *Plan Accounting - Defined Benefit Pension Plans*, as of November 30, 2025 and 2024, were as follows:

Statements of Accumulated Plan Benefits:

	November 30,	
	2025	2024
Vested Benefits of Participants Currently Receiving Benefits	\$ 167,464,895	\$ 166,862,586
Other Participant Vested Benefits	31,821,134	35,610,537
Nonvested Benefits	414,805	433,499
	<u>\$ 199,700,834</u>	<u>\$ 202,906,622</u>

Statements of Changes in Accumulated Plan Benefits:

	Year Ended November 30,	
	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	\$ 202,906,622	\$ 204,037,416
Decrease during the year attributable to:		
Additional benefits accumulated	313,052	360,335
Interest due to decrease in the discount period	14,497,924	15,080,850
Actuarial losses (gains)	2,170,116	(322,770)
Benefits paid	(20,193,091)	(19,985,174)
Changes in assumptions*	6,211	3,735,965
Net decrease	<u>(3,205,788)</u>	<u>(1,130,794)</u>
Actuarial present value of accumulated plan Benefits at end of year	<u>\$ 199,700,834</u>	<u>\$ 202,906,622</u>

*Changes in assumptions for 2025 include changes to the mortality table and for 2024 include changes to the mortality table and discount rate.

H.B. FULLER COMPANY LEGACY PENSION PLAN
Notes to Financial Statements
As of and for the Year Ended November 30, 2025 and 2024

NOTE 9 – Tax Status

The Internal Revenue Service (the “IRS”) has determined and informed the Company by a letter dated April 18, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the “IRC”). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

NOTE 10 – Risks and Uncertainties

Plan contributions are made, and the actuarial present value of accumulated plan 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions, in the near term, would be material to the financial statements.

As of November 30, 2025 and 2024, the Plan had investments greater than 10 percent of total assets of \$246,846,090 and \$219,448,146, respectively, which were concentrated in three funds each year.

In addition, the Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 11 – Fair Value Measurements

Estimates of fair value for assets and liabilities are based on the framework established in the accounting guidance for fair value measurements. It also applies to all assets and liabilities that are measured, reported and/or disclosed on a fair value basis. The framework defines fair value, provides guidance for measuring fair value and requires certain disclosures. The framework utilizes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The following is a brief description of those three levels:

Level 1 – Observable inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 – Inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active.

Level 3 – Unobservable inputs that reflect management’s assumptions, and include situations where there is little, if any, market activity for the asset or liability.

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

H.B. FULLER COMPANY LEGACY PENSION PLAN
Notes to Financial Statements
As of and for the Year Ended November 30, 2025 and 2024

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2025 and 2024.

Money Market Fund: Classified as level 1 and valued at the daily closing price as reported by the fund.

Equity Investment Funds: Classified as Level 2, these investments are primarily publicly traded common stock for purposes of total return and to maintain equity exposure consistent with policy allocations. Investments include U.S. and non-U.S. equity securities and mutual funds valued at closing prices from national exchanges.

Fixed Income Funds: Classified as Level 2, these investments are primarily corporate and government debt securities for purposes of total return and managing fixed income exposure to policy allocations. Investments include: (i) mutual funds valued at closing prices from national exchanges, and (ii) corporate and government debt securities valued at closing prices from national exchanges.

Collective Investment Funds: Classified as Level 2, these investments are commingled funds valued at unit values or net asset values provided by the investment managers, which are based on the fair value of the underlying investments.

Common Collective Trust Fund: Common Collective Trust Funds consist of investments that are valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust, in order to, ensure that securities liquidations will be carried out in an orderly business manner. There are no unfunded commitments for this fund.

The Plan Sponsor is responsible for the determination of fair value. Accordingly, they perform periodic analysis on the prices received from the pricing services used to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, the Plan Sponsor has not historically adjusted the prices obtained from the pricing services. The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflected of future fair values. Furthermore, although the Plan Sponsor believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables, set forth by level within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2025 and 2024.

H.B. FULLER COMPANY LEGACY PENSION PLAN
Notes to Financial Statements
As of and for the Year Ended November 30, 2025 and 2024

As of November 30, 2025:

Description	Total	Level 1	Level 2	Level 3
Investments:				
Equity Investment Funds	\$ 169,530,095	\$ -	\$ 169,530,095	\$ -
Fixed Income Investment Funds	123,788,374	-	123,788,374	-
Collective Investment Funds	29,622,935	-	29,622,935	-
Money Market Fund	6,514,539	6,514,539	-	-
Total categorized in fair value hierarchy	329,455,943	<u>\$ 6,514,539</u>	<u>\$ 322,941,404</u>	<u>\$ -</u>
Common Collective Trust Funds measured at NAV	35,589,414			
Total Investments	<u>\$ 365,045,357</u>			

As of November 30, 2024:

Description	Total	Level 1	Level 2	Level 3
Investments:				
Equity Investment Funds	\$ 165,287,539	\$ -	\$ 165,287,539	\$ -
Fixed Income Investment Funds	123,321,375	-	123,321,375	-
Collective Investment Funds	28,713,580	-	28,713,580	-
Money Market Fund	5,168,657	5,168,657	-	-
Total categorized in fair value hierarchy	322,491,151	<u>\$ 5,168,657</u>	<u>\$ 317,322,494</u>	<u>\$ -</u>
Common Collective Trust Funds measured at NAV	26,532,755			
Total Investments	<u>\$ 349,023,906</u>			

There were no purchases or issuances of assets or liabilities for our Level 3 assets during either year ended November 30, 2025 or 2024.

H.B. FULLER COMPANY LEGACY PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Plan 001
EIN 41-0268370
November 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Maturity Par or Value	Cost	Current Value
	First American Govt Obligation Fund	Money Market Fund	6,514,539	6,514,539
*	Aon Small Cap Equity Index Fund	Equity Investment Fund	11,052,783	16,975,092
*	Aon Non Equity Index Fund	Equity Investment Fund	34,635,712	52,460,660
*	Aon Large Cap Equity Index Fund	Equity Investment Fund	50,629,499	97,612,962
*	Aon Global Real Estate Fund	Equity Investment Fund	2,398,928	2,481,381
*	Aon US Long Govt Bd Index Fund	Fixed Income Investment Fund	460,591	464,993
*	Aon US Intermediate Govt Bd Index Fund	Fixed Income Investment Fund	238,832,485	24,931,371
*	Aon Cit Long Credit Fund	Fixed Income Investment Fund	97,096,567	96,772,468
*	Aon Cit Intermediate Credit Fund	Fixed Income Investment Fund	1,444,482	1,619,542
*	Aon Core Real Estate Fund	Collective Investment Fund	19,500,000	18,576,238
*	Aon High Yield Plus	Collective Investment Fund	649,536	773,301
*	Aon Multi-Asset Credit Fund	Collective Investment Fund	8,075,659	10,273,396
	Nisa Ultra Long Treasury	Common Collective Trust Fund	2,667,772	2,742,356
	Nisa Ultra Mid Treasury	Common Collective Trust Fund	14,516,595	15,492,150
*	Aon Enh Liab Driv Inv Fd Sr	Common Collective Trust Fund	15,000,000	17,354,908
Total Assets			\$ 503,475,148	\$ 365,045,357

* Represents a party-in-interest

H.B. FULLER COMPANY LEGACY PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Plan 001
EIN 41-0268370
For the Year Ended November 30, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Leas e Renta l	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<i>Category (3) Transactions:</i>								
First American Govt Obligation Fund	Money Market Fund	\$ 34,330,711	-	NA	-	\$ 34,330,711	\$ 34,330,711	-
* Ahcit Long Credit Fund	Fixed Income Fund	\$ 22,900,000	-	NA	-	\$ 22,900,000	\$ 22,900,000	-
Aon US Intermediate Govt Bd Index * Fund	Fixed Income Fund	\$ 27,250,000	-	NA	-	\$ 27,250,000	\$ 27,250,000	-
First American Govt Obligation Fund	Money Market Fund	-	\$32,992,969	NA	-	\$ 32,992,969	\$ 32,992,969	\$ -
Aon US Intermediate Govt Bd Index * Fund	Fixed Income Fund	-	\$31,500,000	NA	-	\$ 30,364,563	\$ 31,500,000	\$ 1,135,437

* Represent a party-in-interest

There were no category (1), (2), or (4) transactions

This schedule has been prepared based on information certified as complete and accurate by U.S. Bank N.A., the Trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of December 1, 2024

Attained Age	Attained Years of Credited Service ³										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	1	4	0	0	0	0	5
45-49	0	0	1	5	5	13	7	0	0	0	31
50-54	0	1	4	5	6	11	5	3	0	0	35
55-59	0	1	2	4	6	19	12	18	5	1	68
60-64	0	0	5	6	11	15	15	8	10	7	77
65-69	0	0	0	0	3	2	4	6	3	1	19
70 & over	0	0	0	0	0	0	0	0	0	2	2
Total	0	2	12	20	32	64	43	35	18	11	237

³ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: H.B. Fuller Legacy Pension Plan
 EIN / PN: 41-0268370 / 001
 Plan Sponsor: H.B. Fuller Company
 Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month August 2024
- Interest rate basis Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.04%	5.04%
• Second segment rate	5.32%	5.32%
• Third segment rate	5.59%	5.33%
• Effective interest rate	5.37%	5.30%

Plan-related expenses \$690,000; expectations based on prior years' experience, rounded up to the next \$10,000

Demographic Assumptions

New or rehired employees It is assumed there will be no new or rehired employees.

Mortality:

- PPA (healthy and disabled) Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

Representative rates, varying by age, are shown below:

Age	Percent Leaving During the Year
35	5%
40	5%
45	5%
50	5%

Plan Name: H.B. Fuller Legacy Pension Plan
EIN / PN: 41-0268370 / 001
Plan Sponsor: H.B. Fuller Company
Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement:

- Legacy Pension Plan employees

Representative rates, varying by age, are shown below:

Age	Percent Retiring During the Year
55-60	6%
61	10%
62-64	20%
65-69	40%
70	100%

- Former ADCO employees (fully subsidized)

Representative rates, varying by age, are shown below:

Age	Percent Retiring During the Year
62	50%
63-64	25%
65	100%

- Former ADCO employees (unsubsidized)

Age 65

Benefit commencement date:

- Preretirement death benefit

Surviving spouse benefits commence at the later of the death of the active participant or the date the participant would have attained age 55

- Deferred vested benefit (Legacy Pension Plan employees)

Age	Percent Assumed to Commence During the Year
55	5.0%
56-61	2.5%
62	15.0%
63-64	5.0%
65	100.0%

- Deferred vested benefit (Former ADCO employees)

Normal Retirement Date

- Disability benefit

Upon disablement

- Retirement benefit

Upon termination of employment

Plan Name: H.B. Fuller Legacy Pension Plan
EIN / PN: 41-0268370 / 001
Plan Sponsor: H.B. Fuller Company
Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Form of payment:

- Legacy Pension Plan employees

Form	Percent Electing	
	Married	Single
Single life annuity	20%	100%
10-year certain and life annuity	10%	0%
100% contingent annuity	70%	0%

- Former ADCO employees

Form	Percent Electing	
	Married	Single
Single life annuity	50%	50%
Lump sum	50%	50%

Marital assumptions:

- Percent married60%, used to value preretirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement
- Spouse ageWife one year younger than husband

Survivor benefit Current deferred beneficiaries are assumed to receive 50% of the 50% joint and survivor benefit payable at what would have been the participant’s age 65. The joint and survivor conversion factor is the same for all deferred beneficiaries and is based on the average age difference between the participant and spouse for the current deferred beneficiary population and the optional form factor assumptions for the 2024 plan year.

At-risk assumptions N/A

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430

Plan Name: H.B. Fuller Legacy Pension Plan
EIN / PN: 41-0268370 / 001
Plan Sponsor: H.B. Fuller Company
Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding calculation dates, adjusted for contributions, benefits, administrative expenses, and expected earnings. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 5.74%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.75%, and the applicable limitation for the plan year, equal to 5.74% (the third segment rate from the prior valuation). The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 5.92%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.75%, and the applicable limitation for the plan year, equal to 5.92% (the third segment rate from the prior valuation). The average asset value must be within 10% of market value, including discounted contributions receivable. The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name:	H.B. Fuller Legacy Pension Plan
EIN / PN:	41-0268370 / 001
Plan Sponsor:	H.B. Fuller Company
Valuation Date:	December 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with H.B. Fuller and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of December 1, 2024. Information on plan provisions was supplied by the plan sponsor. Information on assets was provided by the plan's trustee, U.S. Bank. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumption was made for missing or apparently inconsistent data elements:

- Benefit amounts for deferred-payment beneficiary records were estimated using a calculated conversion factor based on current year data and assumptions.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: H.B. Fuller Legacy Pension Plan
EIN / PN: 41-0268370 / 001
Plan Sponsor: H.B. Fuller Company
Valuation Date: December 1, 2024

Plan Name	H.B. Fuller Legacy Pension Plan
Plan Sponsor EIN	41-0268370
ERISA Plan #	001
Plan Year Ending	11/30/2025

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

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

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	12/01/2024	and ending	11/30/2025
► 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 H.B. Fuller Legacy Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF H.B. Fuller Company	D Employer Identification Number (EIN) 41-0268370
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 <u>12</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	349,023,906	
b Actuarial value	2b	329,335,351	
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	1,559	193,292,479	193,292,479
b For terminated vested participants	305	18,212,297	18,212,297
c For active participants	237	28,045,531	28,555,787
d Total	2,101	239,550,307	240,060,563
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	5.37%	
6 Target normal cost			
a Present value of current plan year accruals	6a	416,028	
b Expected plan-related expenses	6b	690,000	
c Target normal cost	6c	1,106,028	

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 Joseph Risner  Signature of actuary	8/6/2026 Date
Joseph Risner Type or print name of actuary	2607889 Most recent enrollment number
Willis Towers Watson US LLC Firm name	952-842-7000 Telephone number (including area code)
PO Box 674401 Houston TX 77267 Address of the firm	

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)	80,891,884	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	80,891,884	0
10 Interest on line 9 using prior year's actual return of <u>16.15%</u>	13,064,039	0
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 <u>5.19%</u>		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	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	93,955,923	0

Part III Funding Percentages

14 Funding target attainment percentage	14	98.05 %
15 Adjusted funding target attainment percentage	15	137.18 %
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	137.99 %
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)	0	18(c) 0

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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

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: 5.04 % 2nd segment: 5.32 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	62
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	1,106,028
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
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	1,106,028
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	1,106,028	0
36	Additional cash requirement (line 34 minus line 35).....	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
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	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 ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of December 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Legacy Pension Plan ("LPP") Employees					
x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.0600	1,000,000	1.000000	0.060000	3.300000
56	0.0600	940,000	0.940000	0.056400	3.158400
57	0.0600	883,600	0.883600	0.053016	3.021912
58	0.0600	830,584	0.830584	0.049835	2.890432
59	0.0600	780,749	0.780749	0.046845	2.763851
60	0.0600	733,904	0.733904	0.044034	2.642054
61	0.1000	689,870	0.689870	0.068987	4.208206
62	0.2000	620,883	0.620883	0.124177	7.698947
63	0.2000	496,706	0.496706	0.099341	6.258499
64	0.2000	397,365	0.397365	0.079473	5.086272
65	0.4000	317,892	0.317892	0.127157	8.265192
66	0.4000	190,735	0.190735	0.076294	5.035409
67	0.4000	114,441	0.114441	0.045776	3.067022
68	0.4000	68,665	0.068665	0.027466	1.867679
69	0.4000	41,199	0.041199	0.016480	1.137087
70	1.0000	24,719	0.024719	0.024719	1.730350

LPP Weighted Average Retirement Age 62.131312

Former ADCO ("ADCO") Employees ¹					
x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
65	1.0000	1,000,000	1.000000	1.000000	65.000000

ADCO Weighted Average Retirement Age 65.000000

¹ Unsubsidized population

Plan Name: H.B. Fuller Legacy Pension Plan
 EIN / PN: 41-0268370 / 001
 Plan Sponsor: H.B. Fuller Company
 Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 (Continued)
Description of Weighted Average Retirement Age
as of December 1, 2024

LPP Employees	213
ADCO Employees	24 ²
Total Employees	237

Total Weighted Average Retirement Age	62.421812
Total Weighted Average Retirement Age (rounded for Schedule SB, line 22)	62

² Two fully subsidized former ADCO employees, who have different retirement decrement assumptions than the unsubsidized ones given on the prior page, are considered not material and thus are included in the unsubsidized population as of December 1, 2024.

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Plan Sponsor: H.B. Fuller Company
Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month August 2024
- Interest rate basis Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.04%	5.04%
• Second segment rate	5.32%	5.32%
• Third segment rate	5.59%	5.33%
• Effective interest rate	5.37%	5.30%

Plan-related expenses \$690,000; expectations based on prior years' experience, rounded up to the next \$10,000

Demographic Assumptions

New or rehired employees It is assumed there will be no new or rehired employees.

Mortality:

- PPA (healthy and disabled) Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

Representative rates, varying by age, are shown below:

Age	Percent Leaving During the Year
35	5%
40	5%
45	5%
50	5%

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SCHEDULE SB ATTACHMENTS

Retirement:

- Legacy Pension Plan employees

Representative rates, varying by age, are shown below:

Age	Percent Retiring During the Year
55-60	6%
61	10%
62-64	20%
65-69	40%
70	100%

- Former ADCO employees (fully subsidized)

Representative rates, varying by age, are shown below:

Age	Percent Retiring During the Year
62	50%
63-64	25%
65	100%

- Former ADCO employees (unsubsidized)

Age 65

Benefit commencement date:

- Preretirement death benefit

Surviving spouse benefits commence at the later of the death of the active participant or the date the participant would have attained age 55

- Deferred vested benefit (Legacy Pension Plan employees)

Age	Percent Assumed to Commence During the Year
55	5.0%
56-61	2.5%
62	15.0%
63-64	5.0%
65	100.0%

- Deferred vested benefit (Former ADCO employees)

Normal Retirement Date

- Disability benefit

Upon disablement

- Retirement benefit

Upon termination of employment

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SCHEDULE SB ATTACHMENTS

Form of payment:

- Legacy Pension Plan employees

Form	Percent Electing	
	Married	Single
Single life annuity	20%	100%
10-year certain and life annuity	10%	0%
100% contingent annuity	70%	0%

- Former ADCO employees

Form	Percent Electing	
	Married	Single
Single life annuity	50%	50%
Lump sum	50%	50%

Marital assumptions:

- Percent married 60%, used to value preretirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement
- Spouse age Wife one year younger than husband

Survivor benefit

Current deferred beneficiaries are assumed to receive 50% of the 50% joint and survivor benefit payable at what would have been the participant's age 65. The joint and survivor conversion factor is the same for all deferred beneficiaries and is based on the average age difference between the participant and spouse for the current deferred beneficiary population and the optional form factor assumptions for the 2024 plan year.

At-risk assumptions

N/A

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430

Plan Name: H.B. Fuller Legacy Pension Plan
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SCHEDULE SB ATTACHMENTS

Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding calculation dates, adjusted for contributions, benefits, administrative expenses, and expected earnings. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 5.74%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.75%, and the applicable limitation for the plan year, equal to 5.74% (the third segment rate from the prior valuation). The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 5.92%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.75%, and the applicable limitation for the plan year, equal to 5.92% (the third segment rate from the prior valuation). The average asset value must be within 10% of market value, including discounted contributions receivable. The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

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Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with H.B. Fuller and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of December 1, 2024. Information on plan provisions was supplied by the plan sponsor. Information on assets was provided by the plan's trustee, U.S. Bank. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumption was made for missing or apparently inconsistent data elements:

- Benefit amounts for deferred-payment beneficiary records were estimated using a calculated conversion factor based on current year data and assumptions.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: H.B. Fuller Legacy Pension Plan
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Plan Sponsor: H.B. Fuller Company
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

H.B. Fuller Legacy Pension Plan

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective December 1, 2021.

Covered employees	All employees of H.B. Fuller Company hired prior to December 31, 2006, except those covered under a collective bargaining agreement, unless the collective bargaining agreement specifically provides for participation in the plan.
Participation date	Date following six months of employment. Closed to new entrants on December 31, 2006.

Definitions

Pension service	Period of employment with the employer measured to the nearest month. Service with an acquired company is excluded or included as specified in Exhibit A of the plan document. Service will continue to accrue while on disability only while considered actively employed after June 1, 2011.
Pensionable pay	All remuneration for service, including salaries, wages, commissions, bonuses, and overtime.
Average earnings	Average of highest five full calendar years of compensation selected from the last ten years of credited service. If receiving benefits under the long-term disability program, final average compensation is determined as of the date of disability.
Covered compensation	35-year average of maximum Social Security taxable wage bases ending in the year Social Security normal retirement age is attained.
Normal retirement date (NRD)	Day participant attains age 65.
Disability	A participant will be considered to be totally disabled if the conditions for the H.B. Fuller Company long-term disability plan are satisfied.

Plan Name: H.B. Fuller Legacy Pension Plan
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SCHEDULE SB ATTACHMENTS

Monthly pension benefit

One-twelfth of the sum of (a) and (b) below:

- (a) 1.0% of final average compensation multiplied by years of credited service.
- (b) 0.45% of final average compensation in excess of covered compensation multiplied by years of credited service (with a maximum of 30 years).

Effective June 1, 2011, final average compensation, credited service, and covered compensation are determined as of May 31, 2011. For participants who are continuously employed from January 1, 2007, through June 1, 2011, the June 1, 2011, monthly pension benefit will be increased by 0.25% per month of active employment after June 1, 2011.

Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing ten years of credited service

Postponed retirement

Retirement after NRD

Vested termination

Termination for reasons other than death or retirement after completing five years of vesting service

Disability

Retirement while on disability and after satisfying the requirements for normal or early retirement

Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse and married at least one year

Plan Name: H.B. Fuller Legacy Pension Plan
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SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Monthly pension benefit determined as of NRD

Early retirement

Monthly pension benefit determined as of early retirement date, reduced based on the following table. If age at commencement is not a whole year, the percentage reduction will be determined by straight-line interpolation.

Age at Commencement	Percent of Normal Retirement Benefit Payable
65	100.0%
64	100.0%
63	100.0%
62	100.0%
61	93.3%
60	86.7%
59	83.4%
58	80.0%
57	76.7%
56	73.3%
55	70.0%

Postponed retirement

The greater of (a) and (b):

- (a) Monthly pension benefit determined as of actual retirement date.
- (b) Monthly pension benefit determined as of the participant's NRD, adjusted actuarially for payment after the participant's NRD.

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SCHEDULE SB ATTACHMENTS

Vested termination

Monthly pension benefit determined as of termination date, reduced based on the following table. If age at commencement is not a whole year, the percentage reduction will be determined by straight-line interpolation.

Age at Commencement	Percent of Normal Retirement Benefit Payable
65	100.0%
64	93.3%
63	86.7%
62	80.0%
61	73.3%
60	66.7%
59	63.4%
58	60.0%
57	56.7%
56	53.3%
55	50.0%

Disablement

Monthly pension as determined under normal or early retirement, whichever is applicable.

Preretirement death

Monthly preretirement spouse benefit is payable.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100%, 50%, 75% or 66-2/3% contingent annuity, a ten-year certain and life annuity, Social Security option, or (for married participants) a life annuity.

Optional forms conversion factors

Actuarial equivalent factors defined in the plan, based on Internal Revenue Code §417(e)(3)(B) mortality and 7% interest.

Pension increases

None

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Plan participants' contributions None

Phased retirement Individuals age 62 and older, who are not key employees, and are eligible for the Flexible Work Option program may commence a portion of their benefits while actively employed proportionate to the degree of work schedule reduction during the 2011 and 2012 plan years.

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

WTW is not aware of any future plan changes, which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: H.B. Fuller Legacy Pension Plan
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Plan Sponsor: H.B. Fuller Company
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SCHEDULE SB ATTACHMENTS

Former ADCO Products, Inc. Union Employees' Pension Plan

Plan Provisions

Covered employees The ADCO Products, Inc. Union Employees' Pension Plan (ADCO) was merged in the H.B. Fuller Legacy Pension Plan (Legacy Pension Plan) on November 30, 2021. An "ADCO Participant" is a participant who had accrued a benefit under the ADCO plan as of November 30, 2021.

Participation date Employees enter the plan on the first day of the plan year or the first day six months thereafter coincident with or next following the completion of attaining age 21 and one year of service. Closed to new entrants on August 31, 2009.

Definitions

Credited service One year of service is earned for each plan year during which the participant completes at least 1,601 hours of service. A pro-rated fraction of a year of service is earned for completed hours from at least 600 to 1,600 hours.

Vesting service One year of service is credited if the participant works 6 complete months in a calendar year.

Normal retirement date (NRD) Day participant attains age 65 and 5th anniversary of plan participation.

Disability A disability is defined as a physical or mental condition resulting from bodily injury, disease, or mental disorders which renders a participant incapable of continuing their usual and customary employment with their Employer.

Monthly pension benefit Monthly benefit of \$40 per year of credited service (maximum of 35 years).
Benefit accruals ceased effective August 31, 2009.

Monthly preretirement death benefit Actuarial equivalent of the Accrued Benefit

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Plan Sponsor: H.B. Fuller Company
Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of credited service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing two years of vesting service
Disability	Retirement while on disability and after satisfying the requirements for normal or early retirement
Preretirement death benefit	Death prior to commencement of pension benefit

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 0.4% for each complete month that early retirement date commencement precedes NRD. Participants attaining age 62 and 30 years of service receive a fully subsidized early retirement benefit
Postponed retirement	Monthly pension benefit determined as of the participant's NRD, adjusted actuarially for payment after the participant's NRD
Earlier Payment Following Vested Termination	Actuarial equivalent of the accrued benefit paid upon termination. A percentage of the accrued benefit determined as follows:

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

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SCHEDULE SB ATTACHMENTS

Disablement Actuarial equivalent of the accrued benefit

Preretirement death Actuarial equivalent of the accrued benefit

Other Plan Provisions

Forms of payment upon:

- Normal, early, postponed retirement, or disability Single life annuity; 100%, 50%, or 75% contingent annuity; a ten-year certain and life annuity; or a lump sum
- Earlier payment following vested termination Single life annuity (if not married), 50% contingent annuity (if married), or a lump sum
- Preretirement death Life annuity (if surviving spouse), five-year installments, or a lump sum

Optional forms conversion factors Actuarial equivalent factors defined in the plan

Pension Increases None

Plan participants' contributions None

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

WTW is not aware of any future plan changes, which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

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Schedule SB, Line 26a
Schedule of Active Participant Data as of December 1, 2024

Attained Age	Attained Years of Credited Service ³										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	1	4	0	0	0	0	5
45-49	0	0	1	5	5	13	7	0	0	0	31
50-54	0	1	4	5	6	11	5	3	0	0	35
55-59	0	1	2	4	6	19	12	18	5	1	68
60-64	0	0	5	6	11	15	15	8	10	7	77
65-69	0	0	0	0	3	2	4	6	3	1	19
70 & over	0	0	0	0	0	0	0	0	0	2	2
Total	0	2	12	20	32	64	43	35	18	11	237

³ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: H.B. Fuller Legacy Pension Plan

EIN / PN: 41-0268370 / 001

Plan Sponsor: H.B. Fuller Company

Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	475,981	149,203	19,540,202	20,165,386
2025	732,956	392,678	18,979,572	20,105,206
2026	939,069	614,860	18,393,168	19,947,097
2027	1,284,350	781,870	17,782,751	19,848,971
2028	1,478,303	933,110	17,161,915	19,573,328
2029	1,678,306	1,125,676	16,525,173	19,329,155
2030	1,853,404	1,259,460	15,872,981	18,985,845
2031	1,966,405	1,339,231	15,205,128	18,510,764
2032	2,079,552	1,414,631	14,523,954	18,018,137
2033	2,172,373	1,488,134	13,831,487	17,491,994
2034	2,243,590	1,549,877	13,133,809	16,927,276
2035	2,277,375	1,577,472	12,431,268	16,286,115
2036	2,311,313	1,587,812	11,724,187	15,623,312
2037	2,367,233	1,603,471	11,014,606	14,985,310
2038	2,354,191	1,600,655	10,304,694	14,259,540
2039	2,371,396	1,591,489	9,596,778	13,559,663
2040	2,386,519	1,577,027	8,893,458	12,857,004
2041	2,357,528	1,545,277	8,197,711	12,100,516
2042	2,335,597	1,510,748	7,512,885	11,359,230
2043	2,299,889	1,470,820	6,842,637	10,613,346
2044	2,258,878	1,424,919	6,190,863	9,874,660
2045	2,210,479	1,377,599	5,561,572	9,149,650
2046	2,153,425	1,326,177	4,958,749	8,438,351
2047	2,085,919	1,267,469	4,386,178	7,739,566
2048	2,010,879	1,204,064	3,847,314	7,062,257
2049	1,928,705	1,138,140	3,345,146	6,411,991
2050	1,839,812	1,069,941	2,882,059	5,791,812
2051	1,744,872	999,809	2,459,755	5,204,436
2052	1,644,268	928,208	2,079,142	4,651,618
2053	1,538,837	855,724	1,740,277	4,134,838
2054	1,429,696	783,068	1,442,325	3,655,089
2055	1,318,129	711,027	1,183,672	3,212,828
2056	1,205,622	640,427	962,031	2,808,080
2057	1,093,735	572,069	774,539	2,440,343
2058	983,962	506,695	617,957	2,108,614
2059	877,752	444,952	488,793	1,811,497
2060	776,383	387,362	383,510	1,547,255
2061	680,913	334,309	298,676	1,313,898
2062	592,142	286,020	231,056	1,109,218
2063	510,586	242,572	177,699	930,857
2064	436,501	203,923	135,982	776,406
2065	369,944	169,921	103,622	643,487
2066	310,780	140,329	78,703	529,812
2067	258,720	114,844	59,633	433,197

Plan Name: H.B. Fuller Legacy Pension Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	213,369	93,118	45,118	351,605
2069	174,252	74,776	34,126	283,154
2070	140,850	59,442	25,833	226,125
2071	112,624	46,756	19,603	178,983
2072	89,035	36,370	14,944	140,349
2073	69,544	27,961	11,476	108,981

Plan Name: H.B. Fuller Legacy Pension Plan
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Plan Sponsor: H.B. Fuller Company
Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of December 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Legacy Pension Plan ("LPP") Employees					
x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.0600	1,000,000	1.000000	0.060000	3.300000
56	0.0600	940,000	0.940000	0.056400	3.158400
57	0.0600	883,600	0.883600	0.053016	3.021912
58	0.0600	830,584	0.830584	0.049835	2.890432
59	0.0600	780,749	0.780749	0.046845	2.763851
60	0.0600	733,904	0.733904	0.044034	2.642054
61	0.1000	689,870	0.689870	0.068987	4.208206
62	0.2000	620,883	0.620883	0.124177	7.698947
63	0.2000	496,706	0.496706	0.099341	6.258499
64	0.2000	397,365	0.397365	0.079473	5.086272
65	0.4000	317,892	0.317892	0.127157	8.265192
66	0.4000	190,735	0.190735	0.076294	5.035409
67	0.4000	114,441	0.114441	0.045776	3.067022
68	0.4000	68,665	0.068665	0.027466	1.867679
69	0.4000	41,199	0.041199	0.016480	1.137087
70	1.0000	24,719	0.024719	0.024719	1.730350

LPP Weighted Average Retirement Age

62.131312

Former ADCO ("ADCO") Employees ¹					
x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
65	1.0000	1,000,000	1.000000	1.000000	65.000000

ADCO Weighted Average Retirement Age

65.000000

¹ Unsubsidized population

Plan Name: H.B. Fuller Legacy Pension Plan
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 Plan Sponsor: H.B. Fuller Company
 Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 (Continued)
Description of Weighted Average Retirement Age
as of December 1, 2024

LPP Employees	213
ADCO Employees	24 ²
Total Employees	237

Total Weighted Average Retirement Age	62.421812
Total Weighted Average Retirement Age (rounded for Schedule SB, line 22)	62

² Two fully subsidized former ADCO employees, who have different retirement decrement assumptions than the unsubsidized ones given on the prior page, are considered not material and thus are included in the unsubsidized population as of December 1, 2024.

Plan Name: H.B. Fuller Legacy Pension Plan
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Plan Sponsor: H.B. Fuller Company
Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	475,981	149,203	19,540,202	20,165,386
2025	732,956	392,678	18,979,572	20,105,206
2026	939,069	614,860	18,393,168	19,947,097
2027	1,284,350	781,870	17,782,751	19,848,971
2028	1,478,303	933,110	17,161,915	19,573,328
2029	1,678,306	1,125,676	16,525,173	19,329,155
2030	1,853,404	1,259,460	15,872,981	18,985,845
2031	1,966,405	1,339,231	15,205,128	18,510,764
2032	2,079,552	1,414,631	14,523,954	18,018,137
2033	2,172,373	1,488,134	13,831,487	17,491,994
2034	2,243,590	1,549,877	13,133,809	16,927,276
2035	2,277,375	1,577,472	12,431,268	16,286,115
2036	2,311,313	1,587,812	11,724,187	15,623,312
2037	2,367,233	1,603,471	11,014,606	14,985,310
2038	2,354,191	1,600,655	10,304,694	14,259,540
2039	2,371,396	1,591,489	9,596,778	13,559,663
2040	2,386,519	1,577,027	8,893,458	12,857,004
2041	2,357,528	1,545,277	8,197,711	12,100,516
2042	2,335,597	1,510,748	7,512,885	11,359,230
2043	2,299,889	1,470,820	6,842,637	10,613,346
2044	2,258,878	1,424,919	6,190,863	9,874,660
2045	2,210,479	1,377,599	5,561,572	9,149,650
2046	2,153,425	1,326,177	4,958,749	8,438,351
2047	2,085,919	1,267,469	4,386,178	7,739,566
2048	2,010,879	1,204,064	3,847,314	7,062,257
2049	1,928,705	1,138,140	3,345,146	6,411,991
2050	1,839,812	1,069,941	2,882,059	5,791,812
2051	1,744,872	999,809	2,459,755	5,204,436
2052	1,644,268	928,208	2,079,142	4,651,618
2053	1,538,837	855,724	1,740,277	4,134,838
2054	1,429,696	783,068	1,442,325	3,655,089
2055	1,318,129	711,027	1,183,672	3,212,828
2056	1,205,622	640,427	962,031	2,808,080
2057	1,093,735	572,069	774,539	2,440,343
2058	983,962	506,695	617,957	2,108,614
2059	877,752	444,952	488,793	1,811,497
2060	776,383	387,362	383,510	1,547,255
2061	680,913	334,309	298,676	1,313,898
2062	592,142	286,020	231,056	1,109,218
2063	510,586	242,572	177,699	930,857
2064	436,501	203,923	135,982	776,406
2065	369,944	169,921	103,622	643,487
2066	310,780	140,329	78,703	529,812
2067	258,720	114,844	59,633	433,197

Plan Name: H.B. Fuller Legacy Pension Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	213,369	93,118	45,118	351,605
2069	174,252	74,776	34,126	283,154
2070	140,850	59,442	25,833	226,125
2071	112,624	46,756	19,603	178,983
2072	89,035	36,370	14,944	140,349
2073	69,544	27,961	11,476	108,981

Plan Name: H.B. Fuller Legacy Pension Plan
EIN / PN: 41-0268370 / 001
Plan Sponsor: H.B. Fuller Company
Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

H.B. Fuller Legacy Pension Plan

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective December 1, 2021.

Covered employees	All employees of H.B. Fuller Company hired prior to December 31, 2006, except those covered under a collective bargaining agreement, unless the collective bargaining agreement specifically provides for participation in the plan.
Participation date	Date following six months of employment. Closed to new entrants on December 31, 2006.

Definitions

Pension service	Period of employment with the employer measured to the nearest month. Service with an acquired company is excluded or included as specified in Exhibit A of the plan document. Service will continue to accrue while on disability only while considered actively employed after June 1, 2011.
Pensionable pay	All remuneration for service, including salaries, wages, commissions, bonuses, and overtime.
Average earnings	Average of highest five full calendar years of compensation selected from the last ten years of credited service. If receiving benefits under the long-term disability program, final average compensation is determined as of the date of disability.
Covered compensation	35-year average of maximum Social Security taxable wage bases ending in the year Social Security normal retirement age is attained.
Normal retirement date (NRD)	Day participant attains age 65.
Disability	A participant will be considered to be totally disabled if the conditions for the H.B. Fuller Company long-term disability plan are satisfied.

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SCHEDULE SB ATTACHMENTS

Monthly pension benefit

One-twelfth of the sum of (a) and (b) below:

- (a) 1.0% of final average compensation multiplied by years of credited service.
- (b) 0.45% of final average compensation in excess of covered compensation multiplied by years of credited service (with a maximum of 30 years).

Effective June 1, 2011, final average compensation, credited service, and covered compensation are determined as of May 31, 2011. For participants who are continuously employed from January 1, 2007, through June 1, 2011, the June 1, 2011, monthly pension benefit will be increased by 0.25% per month of active employment after June 1, 2011.

Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing ten years of credited service

Postponed retirement

Retirement after NRD

Vested termination

Termination for reasons other than death or retirement after completing five years of vesting service

Disability

Retirement while on disability and after satisfying the requirements for normal or early retirement

Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse and married at least one year

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SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Monthly pension benefit determined as of NRD

Early retirement

Monthly pension benefit determined as of early retirement date, reduced based on the following table. If age at commencement is not a whole year, the percentage reduction will be determined by straight-line interpolation.

Age at Commencement	Percent of Normal Retirement Benefit Payable
65	100.0%
64	100.0%
63	100.0%
62	100.0%
61	93.3%
60	86.7%
59	83.4%
58	80.0%
57	76.7%
56	73.3%
55	70.0%

Postponed retirement

The greater of (a) and (b):

- (a) Monthly pension benefit determined as of actual retirement date.
- (b) Monthly pension benefit determined as of the participant's NRD, adjusted actuarially for payment after the participant's NRD.

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Vested termination

Monthly pension benefit determined as of termination date, reduced based on the following table. If age at commencement is not a whole year, the percentage reduction will be determined by straight-line interpolation.

Age at Commencement	Percent of Normal Retirement Benefit Payable
65	100.0%
64	93.3%
63	86.7%
62	80.0%
61	73.3%
60	66.7%
59	63.4%
58	60.0%
57	56.7%
56	53.3%
55	50.0%

Disablement

Monthly pension as determined under normal or early retirement, whichever is applicable.

Preretirement death

Monthly preretirement spouse benefit is payable.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100%, 50%, 75% or 66-2/3% contingent annuity, a ten-year certain and life annuity, Social Security option, or (for married participants) a life annuity.

Optional forms conversion factors

Actuarial equivalent factors defined in the plan, based on Internal Revenue Code §417(e)(3)(B) mortality and 7% interest.

Pension increases

None

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Plan participants' contributions None

Phased retirement Individuals age 62 and older, who are not key employees, and are eligible for the Flexible Work Option program may commence a portion of their benefits while actively employed proportionate to the degree of work schedule reduction during the 2011 and 2012 plan years.

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

WTW is not aware of any future plan changes, which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: H.B. Fuller Legacy Pension Plan
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SCHEDULE SB ATTACHMENTS

Former ADCO Products, Inc. Union Employees' Pension Plan

Plan Provisions

Covered employees The ADCO Products, Inc. Union Employees' Pension Plan (ADCO) was merged in the H.B. Fuller Legacy Pension Plan (Legacy Pension Plan) on November 30, 2021. An "ADCO Participant" is a participant who had accrued a benefit under the ADCO plan as of November 30, 2021.

Participation date Employees enter the plan on the first day of the plan year or the first day six months thereafter coincident with or next following the completion of attaining age 21 and one year of service. Closed to new entrants on August 31, 2009.

Definitions

Credited service One year of service is earned for each plan year during which the participant completes at least 1,601 hours of service. A pro-rated fraction of a year of service is earned for completed hours from at least 600 to 1,600 hours.

Vesting service One year of service is credited if the participant works 6 complete months in a calendar year.

Normal retirement date (NRD) Day participant attains age 65 and 5th anniversary of plan participation.

Disability A disability is defined as a physical or mental condition resulting from bodily injury, disease, or mental disorders which renders a participant incapable of continuing their usual and customary employment with their Employer.

Monthly pension benefit Monthly benefit of \$40 per year of credited service (maximum of 35 years).
Benefit accruals ceased effective August 31, 2009.

Monthly preretirement death benefit Actuarial equivalent of the Accrued Benefit

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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of credited service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing two years of vesting service
Disability	Retirement while on disability and after satisfying the requirements for normal or early retirement
Preretirement death benefit	Death prior to commencement of pension benefit

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 0.4% for each complete month that early retirement date commencement precedes NRD. Participants attaining age 62 and 30 years of service receive a fully subsidized early retirement benefit
Postponed retirement	Monthly pension benefit determined as of the participant's NRD, adjusted actuarially for payment after the participant's NRD
Earlier Payment Following Vested Termination	Actuarial equivalent of the accrued benefit paid upon termination. A percentage of the accrued benefit determined as follows:

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

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SCHEDULE SB ATTACHMENTS

Disablement	Actuarial equivalent of the accrued benefit
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Preretirement death	Actuarial equivalent of the accrued benefit
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Other Plan Provisions

Forms of payment upon:

- | | |
|--|---|
| • Normal, early, postponed retirement, or disability | Single life annuity; 100%, 50%, or 75% contingent annuity; a ten-year certain and life annuity; or a lump sum |
| • Earlier payment following vested termination | Single life annuity (if not married), 50% contingent annuity (if married), or a lump sum |
| • Preretirement death | Life annuity (if surviving spouse), five-year installments, or a lump sum |

Optional forms conversion factors	Actuarial equivalent factors defined in the plan
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Pension Increases	None
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Plan participants' contributions	None
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Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.
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Future Plan Changes

WTW is not aware of any future plan changes, which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	H.B. Fuller Legacy Pension Plan
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Plan Name	H.B. Fuller Legacy Pension Plan
Plan Sponsor EIN	41-0268370
ERISA Plan #	001
Plan Year Ending	11/30/2025

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

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