

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>10/01/2020</u> and ending <u>09/30/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) ____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>MOOG INC. EMPLOYEES' RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>		
	1c Effective date of plan <u>06/30/1959</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MOOG INC.</u> <u>SENECA STREET AT JAMISON ROAD</u> <u>EAST AURORA, NY 14052-0018</u>	2b Employer Identification Number (EIN) <u>16-0757636</u>	2c Plan Sponsor's telephone number <u>716-652-2000</u>	2d Business code (see instructions) <u>336410</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2022	KRISTINE KARNATH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

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	2713
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	2005
a(2) Total number of active participants at the end of the plan year		6a(2)	1845
b Retired or separated participants receiving benefits.....		6b	248
c Other retired or separated participants entitled to future benefits		6c	567
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2660
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	48
f Total. Add lines 6d and 6e		6f	2708
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021	
▶ 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 MOOG INC. EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MOOG INC.	D Employer Identification Number (EIN) 16-0757636
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 10 Day 01 Year 2020			
2	Assets:			
	a Market value	2a	615871702	
	b Actuarial value	2b	554284532	
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.....	72	13587580	13587580
	b For terminated vested participants.....	636	42874494	42874494
	c For active participants	2005	292259425	293133181
	d Total.....	2713	348721499	349595255
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	5.50 %	
6	Target normal cost.....	6	17739727	

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	
BENJAMIN W. GILDE	06/30/2022
Type or print name of actuary	Date
AON CONSULTING, INC.	20-08001
Firm name	Most recent enrollment number
230 THIRD AVENUE WALTHAM, MA 02451	781-891-8600
Address of the firm	Telephone number (including area code)

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)	67148863	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)	67148863	0
10 Interest on line 9 using prior year's actual return of <u>13.96</u> %	9373981	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>5.54</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)	76522844	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	136.66 %
15 Adjusted funding target attainment percentage	15	158.55 %
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	137.61 %
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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
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 Is the plan required to provide a Schedule of Active Participants? 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 6).....	31a	17739727	
b Excess assets, if applicable, but not greater than line 31a	31b	17739727	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021		
A Name of plan MOOG INC. EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOOG INC.	D Employer Identification Number (EIN) 16-0757636	

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
HFS
98-0404814

(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 CONSULTING INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARIAL	800787	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE VANGUARD GROUP

P.O. BOX 1110
VALLEY FORGE, PA 19482-1110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	257406	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CAPITAL BANK AND TRUST COMPANY

P.O. BOX 6164
INDIANAPOLIS, IL 46206-6164

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	163659	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

M AND T BANK

16-0538020

(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	TRUSTEE	152126	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC PORTFOLIO ASSOCIATES

1918 8TH AVENUE SUITE 3100
SEATTLE, WA 98101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	48526	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKSTONE MANAGEMENT PARTNERS LLC

345 PARK AVENUE
NEW YORK, NY 10154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 50	INVESTMENT MANAGEMENT	39235	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2020</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

<p>A Name of plan <u>MOOG INC. EMPLOYEES' RETIREMENT PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>001</u></p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MOOG INC.</u></p>	<p>D Employer Identification Number (EIN) <u>16-0757636</u></p>	

Part I	<p>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)</p>
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP LONG DURATION CREDIT

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY

c EIN-PN <u>95-6597294-293</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>128941403</u>
---------------------------------------	-------------------------------	--

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):

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)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021		
A Name of plan MOOG INC. EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOOG INC.	D Employer Identification Number (EIN) 16-0757636	

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)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6281053	25274655
(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)	25419026	23273693
(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)	0	128941403
(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)	588275059	462874285
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	619975138 640364036
Liabilities			
g	Benefit claims payable	1g	56706 66806
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	56706 66806
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	619918432 640297230

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.

		(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)	2148
	(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)	417747
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	419895
(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)	10551502
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	10551502
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	31678570
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	37919327
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-6240757
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-2642646
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-2642646

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-58597
(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)		22945438
c Other income	2c		173
d Total income. Add all income amounts in column (b) and enter total.....	2d		24975008

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2899192	
(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)		2899192
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	952913	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	518926	
(4) Other.....	2i(4)	225179	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1697018
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4596210

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20378798
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: **FREED MAXICK CPA, PC**

(2) EIN: **45-4051133**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 420095 _____.			

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021					
A Name of plan MOOG INC. EMPLOYEES' RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOOG INC.				D Employer Identification Number (EIN) 16-0757636	
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): 16-0538020					
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) 2020 v. 200204	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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).....

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).....

14a	
14b	
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.....

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

15a	
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.....

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.....

16a	
16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 35.0 % Investment-Grade Debt: 65.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 0.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☒ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

**Financial Statements and Supplemental Schedules
Moog Inc. Employees' Retirement Plan
Years Ended September 30, 2021 and 2020
With Independent Auditor's Report**

MOOG INC. EMPLOYEES' RETIREMENT PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
YEARS ENDED SEPTEMBER 30, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants of
Moog Inc. Employees' Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Moog Inc. Employees' Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of September 30, 2021 and 2020, 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's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Manufacturers and Traders Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of September 30, 2021 and 2020, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of (1) Schedule H, line 4i - Schedule of Assets (Held at End of Year), and (2) Schedule H, line 4j - Schedule of Reportable Transactions as of or for the year ended September 30, 2021, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the

responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Freed Maxick CPAs, P.C.

Buffalo, New York
July 12, 2022

MOOG INC. EMPLOYEES' RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	September 30,	
	2021	2020
ASSETS		
Investments, at fair value	\$ 640,364,036	\$ 619,975,138
Total assets	640,364,036	619,975,138
LIABILITIES		
Accounts payable	66,806	56,706
Total liabilities	66,806	56,706
Net assets available for benefits	\$ 640,297,230	\$ 619,918,432

See accompanying Notes to Financial Statements.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended September 30,	
	2021	2020
ADDITIONS		
Investment income - interest and dividends	\$ 10,971,397	\$ 28,853,043
Net realized and unrealized appreciation in fair value of investments	14,003,611	109,038,517
Total additions	24,975,008	137,891,560
DEDUCTIONS		
Pension benefit payments	2,899,192	35,091,690
Administrative expenses	1,697,018	1,696,210
Annuity settlement	—	486,615,000
Total deductions	4,596,210	523,402,900
Net increase (decrease)	20,378,798	(385,511,340)
Net assets available for benefits at beginning of year	619,918,432	1,005,429,772
Net assets available for benefits at end of year	\$ 640,297,230	\$ 619,918,432

See accompanying Notes to Financial Statements.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. Description of Plan

The following brief description of the Moog Inc. ("the Company") Employees' Retirement Plan ("the Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all domestic employees of the Company hired prior to January 1, 2008. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Administrative Committee is responsible for the oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan is frozen to new participants. All new employees hired on or after January 1, 2008 are not eligible to participate in the Plan. All employees hired before January 1, 2008 elected either to remain in the Plan and continue to accrue benefits or elected to stop accruing future benefits in the Plan as of April 1, 2008. Employees who elected to stop accruing future benefits receive Company contributions to the Moog Inc. Retirement Savings Plan.

Plan Benefits

Participants are eligible for monthly benefit payments upon retirement at age 65 and the completion of five years of vesting service. Normal retirement benefits are equal to the sum of the following:

- **Prior Service Pension** - For credited service before October 1, 1990, 1.15% of the first \$20,000, plus 1.75% of any excess, of prior service compensation multiplied by years of prior service, but not less than the accrued benefit as of December 31, 1998. Prior service compensation is the base annual rate of compensation for the year ended December 31, 1989, plus overtime and shift differential, excluding any other compensation; provided however, profit sharing bonuses (and to the extent necessary, similar compensation) for participants who are not highly compensated employees as defined in Section 414(q) of the Internal Revenue Code ("the Code") shall be included in compensation to the extent necessary to satisfy the discrimination requirements under Section 414(s) of the Code.
- **Future Service Pension** - For each year of credited service after September 30, 1990, 1.15% of the first \$20,000, plus 1.75% of the amount over \$20,000. Future service compensation is the base compensation plus shift differential and overtime compensation received during the calendar year ending in the plan year.

The amount of annual compensation used in calculating pension benefits was limited to \$285,000 and \$280,000 for the plan years ended September 30, 2021 and 2020, respectively.

The Plan permits early retirement at a reduced benefit at age 55 with at least 15 years of vesting service.

Annuity Settlement

On September 16, 2020, the Company entered into an agreement to purchase a single premium non-participating group annuity contract and transferred the future benefit obligations and annuity administration for certain retirees and beneficiaries in the Plan. This settlement reduced the projected benefit obligation and fair value of assets of the Plan by \$486,615,000 in the plan year ended September 30, 2020.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies

Basis of Presentation

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

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 Administrative Committee determines the Plan's investment policies utilizing information provided by Vanguard Institutional Advisory Services ("the Plan investment manager") and Manufacturers and Traders Trust Company ("the Trustee"). Refer to Note 4 for additional disclosures related to fair value.

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 realized and unrealized appreciation and depreciation in fair value of investments includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to employee service rendered through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their compensation during their years of credited service. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date. Refer to Note 7 for additional disclosures related to accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Direct costs of administering the Plan are borne by the Plan.

Use of Estimates

The preparation of financial statements in accordance with US GAAP requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. Actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through July 12, 2022, the date the financial statements were issued, and made no significant changes to the financial statements as a result of the subsequent events evaluation.

3. Funding Policy

The Company intends to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to the Plan's participants.

The Plan has met the minimum funding requirements of ERISA in 2021 and 2020.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

4. Fair Value

Fair value is defined as 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. Depending on the nature of the asset or liability, various techniques and assumptions can be used to estimate fair value. The definition of the fair value hierarchy is as follows:

Level 1 - Quoted prices in active markets for identical assets and liabilities.

Level 2 - Observable inputs other than quoted prices in active markets for similar assets and liabilities.

Level 3 - Inputs for which significant valuation assumptions are unobservable in a market and therefore value is based on the best available data, some of which is internally developed and considers risk premiums that a market participant would require.

A financial asset's classification within the hierarchy is determined based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

The Plan's assets are invested in shares of registered investment companies, money market funds, cash and cash equivalents (interest-bearing), collective investment trust, limited partnerships and futures contracts. Refer to Note 5 for additional disclosures related to futures contracts.

Following is a description of the valuation methodologies used for assets measured at fair value. The valuation methodologies used for pension plan assets measured at fair value have not changed between September 30, 2021 and September 30, 2020.

Shares of registered investment companies: Consists of both equity and fixed income mutual funds. Valued at quoted market prices that represent the net asset value ("NAV") of shares held by the plan at year end.

Money market funds: Institutional short-term investment vehicles valued daily.

Cash and cash equivalents (interest-bearing): Cash collateral for the initial margin requirements on futures contracts, which approximates fair value.

Collective investment trust: NAV of the fund is calculated daily by the investment manager.

Limited partnerships: Valued at NAV of units held. The NAV 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 liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

The fair value of securities or other assets for which market quotations are not readily available or for which market quotations do not represent the value at the time of pricing (including certain illiquid securities) are determined in accordance with procedures established under the supervision and responsibility of the Trustee of that investment. Such procedures may include the use of independent pricing services or affiliated advisor pricing, which use prices based upon yields or prices of securities of comparable quality, coupon, maturity and type, indications as to values from dealers, operating data and general market conditions.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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.

MOOG INC. EMPLOYEES' RETIREMENT PLAN**NOTES TO THE FINANCIAL STATEMENTS****4. Fair Value (continued)**

The following tables present the fair values and classification of our financial assets measured on a recurring basis as of September 30, 2021 and 2020:

Assets at Fair Value as of September 30, 2021:				
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Shares of registered investment companies:				
Equity funds	\$ 200,929,476	\$ —	\$ —	\$ 200,929,476
Fixed income funds	261,944,809	—	—	261,944,809
Money market funds	—	17,904,655	—	17,904,655
Cash and cash equivalents (Interest-bearing)	—	7,370,000	—	7,370,000
Total investments in fair value hierarchy	462,874,285	25,274,655	—	488,148,940
Investments measured at NAV practical expedient ⁽¹⁾				152,215,096
Total investments at fair value	\$ 462,874,285	\$ 25,274,655	\$ —	\$ 640,364,036

Assets at Fair Value as of September 30, 2020:				
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Shares of registered investment companies:				
Equity funds	\$ 197,580,479	\$ —	\$ —	\$ 197,580,479
Fixed income funds	390,694,580	—	—	390,694,580
Money market funds	—	6,281,053	—	6,281,053
Total investments in fair value hierarchy	588,275,059	6,281,053	—	594,556,112
Investments measured at NAV practical expedient ⁽¹⁾				25,419,026
Total investments at fair value	\$ 588,275,059	\$ 6,281,053	\$ —	\$ 619,975,138

⁽¹⁾ Per adoption of ASU 2015-07, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the statements of net assets available for benefits.

The following table summarizes investments measured at fair value based on NAV per share as of September 30, 2021 and 2020:

	Fair Value as of September 30,		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2021	2020			
Collective investment trusts	\$ 128,941,403	\$ —	\$ —	Daily	5 days
Limited partnerships ⁽¹⁾	23,273,693	25,419,026	4,279,594	Varies	10-45 days
Total	\$ 152,215,096	\$ 25,419,026	\$ 4,279,594		

⁽¹⁾ Investments in limited partnerships held by the Plan invest primarily in emerging markets, equity and equity related securities. The strategy for the limited partnerships is to have exposure to certain markets or to securities that are judged to achieve superior earnings growth and/or judged undervalued relative to intrinsic value.

MOOG INC. EMPLOYEES' RETIREMENT PLAN**NOTES TO THE FINANCIAL STATEMENTS****5. Derivative Instruments (Futures Contracts)**

The Plan may enter into various derivative instruments, such as futures contracts, to enhance the interest rate hedging effectiveness of the investment portfolio. These futures contracts are agreements between two parties to buy or sell a security or financial interest at a specified price or yield on a future date and are standardized and exchange-traded. Upon entering into such a contract on behalf of the Plan, the Plan is required to pledge to the broker an amount of cash or securities equal to the minimum "initial margin" requirements of the exchange on which the contract is traded. The initial margin requirements for futures contracts are reflected as investments in the statements of net assets available for benefits. Pursuant to the contract, the Plan agrees to receive from or pay to the broker an amount of cash equal to the daily fluctuation in the value of the contract. Such receipts or payments are known as variation margin and are recorded on a daily basis as a realized gain or loss equal to the difference in the value of the contract between daily closing prices.

During 2021, the Plan entered into 7,295 futures contracts with a total notional amount of \$1,310,685,981. The Plan did not enter into any futures contracts in 2020.

In the table below, futures contracts purchased refers to the underlying notional amount of the open futures contracts and does not represent an asset or liability of the Plan. At September 30, 2021, open futures contracts related to the Plan were as follows:

Types of Contracts	Number of Futures Contracts	Expiration	Futures Contracts Notional Amount
Fixed income futures	1,493	Various 2021	\$ 257,242,531

The Plan recognized the following realized and unrealized gains (losses) on futures contracts in the statements of changes in net assets available for benefits for the year ended September 30, 2021:

Types of Contracts	Realized Gains / (Losses)	Unrealized Gains / (Losses)
Fixed income futures	\$ (8,325,340)	\$ (9,255,656)

6. Financial Certification

Investment information disclosed in the accompanying financial statements and schedules, including the fair value of investments and net realized and unrealized appreciation in fair value of investments, interest and dividends for the years ended September 30, 2021 and 2020, respectively, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee. The incorporation of this financial information in the accompanying financial statements is based solely on their certification and has not been audited by independent accountants. In addition, the Plan's Trustee has certified the unaudited financial data contained in the schedule of assets held for investment and reportable transactions at September 30, 2021.

MOOG INC. EMPLOYEES' RETIREMENT PLAN**NOTES TO THE FINANCIAL STATEMENTS****7. Accumulated Plan Benefits**

The actuarial present value of accumulated plan benefits, as computed by consulting actuaries from Aon Hewitt, is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits 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 or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information is determined by the Plan's actuary as of the beginning of the plan year. The accumulated plan benefit information as of the end of the previous plan year is as follows:

	September 30, 2020
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 13,783,719
Participants with deferred benefits	46,288,328
Other participants	318,837,140
	378,909,187
Nonvested benefits	74,512
Total actuarial present value of accumulated plan benefits at end of year	\$ 378,983,699

The following is a summary of the changes in the actuarial present value for the year ended September 30, 2020:

	September 30, 2020
Actuarial present value of accumulated plan benefits at beginning of year	\$ 781,066,320
Increase (decrease) during the year attributable to:	
Benefits accumulated and losses	19,493,985
Interest accumulation	34,367,110
Benefits paid	(35,091,690)
Annuity settlement	(395,173,597)
Change in actuarial assumptions	(25,678,429)
Net decrease	(402,082,621)
Actuarial present value of accumulated plan benefits at end of year	\$ 378,983,699

The Standard Unit Credit Actuarial Cost Method is used to calculate the present value of accumulated plan benefits. Significant assumptions underlying the actuarial computations for the accumulated plan benefit information as of October 1, 2020 include (a) rate of return on investments of 5.00%, net of investment expenses, (b) mortality rates based on published statistical data from the 2012 base rates from the PRI-2012 Private Retirement Plans Mortality study, amounts weighted employee and retiree mortality table with generational projections from 2012 using Scale MP-2020, (c) withdrawals based on published statistical data and (d) retirement between the ages of 55 and 70 or age on the valuation date if older. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

As of October 1, 2020, the changes in actuarial assumptions from the prior year were due to the change in the discount rate from 3.31% to 3.01% for the obligation, 2.93% to 2.56% for the interest cost and 3.47% to 3.10% for the service cost; increase in the expected return on asset assumption from 4.50% to 5.00%; increase in the weighted average salary scale from 2.93% to 3.29%; the mortality assumption projection scale was updated from the SOA Scale MP-2018 with projection beginning from 2012 to the SOA Scale MP-2019 with projection beginning from 2012; and the decrease on the load on service cost from \$1,100,000 to \$800,000. Had the valuation been performed as of September 30, 2020, there would be no material differences.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. 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 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 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 ("PBGC"), a U.S. Governmental agency up to the applicable limitations.
- All other vested benefits.
- All non-vested benefits.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

9. Income Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated January 30, 2018, that the Plan and related trust are designed in compliance with the applicable requirements of the Internal Revenue Code ("IRC"); therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator and the Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan, as amended, is qualified and the related trust is tax-exempt. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. 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.

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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

11. Related-Party and Party-In-Interest Transactions

Plan investments include accounts with Wilmington Trust, a subsidiary of Manufacturers and Traders Trust Company, the Plan Trustee. These transactions qualify as party-in-interest transactions. Additionally, Plan investments include accounts with Vanguard Institutional Advisory Services, the Plan investment manager, and a subsidiary of The Vanguard Group, Inc. These transactions may also qualify as party-in-interest transactions.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

EIN #16-0757636 Plan #001
Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)
September 30, 2021

Identity of Issuer/Description	Cost	Fair Value
Shares of Registered Investment Companies		
Vanguard Global Minimum Volatility Fund Admiral Shares*	\$ 33,997,167	\$ 39,356,235
Vanguard Total International Stock Index Fund Institutional Shares*	46,980,860	58,472,027
Vanguard Total Stock Market Index Fund Institutional Plus Shares*	64,951,038	103,101,214
Vanguard Long-Term Investment Grade Fund Admiral Shares*	151,116,355	162,983,302
Vanguard Long-Term Treasury Index Institutional Shares*	97,819,886	98,961,507
	394,865,306	462,874,285
Money Market Funds		
Wilmington U.S. Treasury Money Market Fund*	17,904,655	17,904,655
	17,904,655	17,904,655
Cash and Cash Equivalents (Interest-bearing)		
Goldman Sachs & Co.	7,370,000	7,370,000
	7,370,000	7,370,000
Collective Investment Trust		
Capital Group Long Duration Credit	129,000,000	128,941,403
	129,000,000	128,941,403
Limited Partnerships		
Blackstone Capital Partners VI	8,462,453	8,331,790
Blackstone Energy Partners LP	2,773,014	2,941,828
Private Equity Core Fund (QP) IV, LP	10,954,966	10,756,311
Vintage VI Manager LP	1,232,091	1,243,764
	23,422,524	23,273,693
Total investments	\$ 572,562,485	\$ 640,364,036

*Denotes a party-in-interest

This Schedule was prepared from information certified by Manufacturers and Traders Trust Company.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

EIN #16-0757636 Plan #001
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended September 30, 2021

Identity of Party Involved	Description of Assets	Number of Shares	Purchase Price	Selling Price	Average Cost of Assets	Current Value of Asset on Transaction Date	Net Gain/(Loss)
Category i - Single Transactions in Excess of 5% of Plan Assets							
Vanguard Long-Term Bond Index Fund Institutional Plus Shares*	Registered Investment Co.	3,573,556	—	60,000,000	60,500,298	60,000,000	(500,298)
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	60,000,000	60,000,000	—	60,000,000	60,000,000	—
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	60,002,413	—	60,002,413	60,002,413	60,002,413	—
Capital Group Long Duration Credit	Collective Investment Trust	2,253,944	60,000,000	—	60,000,000	60,000,000	—

*Denotes a party-in-interest

This Schedule was prepared solely from information certified by Manufacturers and Traders Trust Company.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

EIN #16-0757636 Plan #001
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended September 30, 2021

Identity of Party Involved	Description of Assets	Number of Purchases/Sales	Purchase Price	Selling Price	Average Cost of Assets	Current Value of Asset on Transaction Date	Net Gain/(Loss)
Category iii - A Series of Transactions in Excess of 5% of Plan Assets							
Vanguard Long-Term Bond Index Fund Institutional Plus Shares*	Registered Investment Co.	1	80,514	—	80,514	80,514	—
Vanguard Long-Term Bond Index Fund Institutional Plus Shares*	Registered Investment Co.	4	—	68,880,843	69,476,740	68,880,843	(595,897)
Vanguard Long-Term Investment Grade Fund Admiral Shares*	Registered Investment Co.	21	20,309,407	—	20,309,407	20,309,407	—
Vanguard Long-Term Investment Grade Fund Admiral Shares*	Registered Investment Co.	3	—	11,000,000	11,253,079	11,000,000	(253,079)
Vanguard Long-Term Treasury Index Institutional Shares*	Registered Investment Co.	19	9,290,982	—	9,290,982	9,290,982	—
Vanguard Long-Term Treasury Index Institutional Shares*	Registered Investment Co.	4	—	66,068,066	67,571,835	66,068,066	(1,503,769)
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	200	386,709,546	—	386,709,546	386,709,546	—
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	208	—	375,086,093	375,086,093	375,086,093	—
Capital Group Long Duration Credit	Collective Investment Trust	6	129,000,000	—	129,000,000	129,000,000	—

*Denotes a party-in-interest

This Schedule was prepared solely from information certified by Manufacturers and Traders Trust Company.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2020

**Schedule SB, Line 26—Schedule of Active Participant Data
As of October 1, 2020**

**Moog Inc.
Employees' Retirement Plan
Active Employees
EIN: 16-0757636 PN: 001**

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			3	14	5					
35-39				45 \$90,461	25 \$92,968	8				
40-44			1	48 \$88,868	62 \$102,992	29 \$72,457	4			
45-49			3	54 \$90,131	49 \$102,690	79 \$94,770	15	4		
50-54			1	54 \$86,127	48 \$104,258	93 \$108,655	22 \$99,556	45 \$81,593	8	
55-59				75 \$103,652	80 \$100,319	130 \$99,525	26 \$97,249	68 \$106,103	85 \$104,484	16
60-64			1	70 \$99,622	55 \$86,177	99 \$91,686	51 \$111,078	61 \$111,284	76 \$123,426	157 \$76,410
65-69			1	24 \$104,711	12	28 \$83,716	33 \$101,490	17	15	70 \$70,956
70+				6	5	5	2	4	2	12

N-2005

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

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

* In fiscal 2017, Flo-Tork, Inc. Defined Benefit Plan and Trust ("Flo-Tork") merged into the Employees' Retirement Plan. The assumptions, as applicable, for the ERP listed below are used for both plans, except where specified otherwise

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of June 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.64%
2nd Segment Rate	5.21%
3rd Segment Rate	5.94%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2020), without regard to interest rate stabilization
1st Segment Rate	2.54%
2nd Segment Rate	3.61%
3rd Segment Rate	4.09%
Salary Increases	2.50% plus Merit Salary Scale (see Table 1)
Inflation	2.00% per year
Optional Payment Form Election Percentage	40% life annuity 25% joint and 50% survivor annuity 35% joint and 100% survivor annuity 100% life annuity for future deaths 100% lump sum for Flo-Tork
Optional Payment Form Conversion Interest Rate	6.00% Underlying funding interest rates for Flo-Tork
Optional Payment Form Conversion Mortality	50% male/50% female blend of the UP94 Mortality Tables projected to 2002 using scale AA Current IRC section 417(e) unisex mortality for Flo-Tork

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Retirement Age	See Table 2 Assumed Benefit Commencement Age for current and future vested deferred participants is age 65. Flo-Tork For actives, age 65 is the assumed retirement age. Current vested deferred benefits are assumed to commence at age 65. Future vested deferred benefits are assumed to commence immediately at termination.
Mortality Rates Healthy and Disabled	2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-26
Withdrawal Rates	See Table 3 The Actuary's Pension Handbook, Table T-5 for Flo-Tork.
Disability Rates	None
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2019 pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the 401(a)(17) compensation limit of \$285,000.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2018 Plan Year	5.25% The applicable third segment rate limitation is 6.29%.
2019 Plan Year	4.50% The applicable third segment rate limitation is 6.11%.
2020 Plan Year	5.00% The applicable third segment rate limitation is 5.94%.
Trust Expenses Included in Target Normal Cost	\$575,000 plus anticipated PBGC premiums for 2020, rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	October 1, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	2.50%	45	1.00%
16	2.50%	46	1.00%
17	2.50%	47	1.00%
18	2.50%	48	1.00%
19	2.50%	49	1.00%
20	2.50%	50	1.00%
21	2.50%	51	1.00%
22	2.50%	52	1.00%
23	2.50%	53	1.00%
24	2.50%	54	1.00%
25	2.50%	55	1.00%
26	2.50%	56	1.00%
27	2.50%	57	1.00%
28	2.50%	58	1.00%
29	2.50%	59	1.00%
30	2.50%	60+	0.25%
31	2.50%		
32	2.50%		
33	2.50%		
34	2.50%		
35	2.50%		
36	2.50%		
37	2.50%		
38	2.50%		
39	2.50%		
40	1.00%		
41	1.00%		
42	1.00%		
43	1.00%		
44	1.00%		

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Table 2

Retirement Rates

Age	Rate
55	2%
56	2%
57	2%
58	2%
59	2%
60	5%
61	5%
62	12%
63	15%
64	15%
65	35%
66	30%
67	20%
68	20%
69	20%
70	25%
71	100%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
20	12.0%	50	2.0%
21	11.6%	51	2.0%
22	11.2%	52	2.0%
23	10.8%	53	2.2%
24	10.4%	54	2.4%
25	10.0%	55	2.6%
26	9.6%	56	2.8%
27	9.2%	57	3.0%
28	8.8%	58	3.6%
29	8.4%	59	4.2%
30	8.0%	60	4.8%
31	7.6%	61	5.4%
32	7.0%	62	6.0%
33	6.3%	63	6.6%
34	5.6%	64	7.2%
35	4.9%	65+	0.0%
36	4.2%		
37	3.5%		
38	3.2%		
39	2.9%		
40	2.6%		
41	2.3%		
42	2.0%		
43	2.0%		
44	2.0%		
45	2.0%		
46	2.0%		
47	2.0%		
48	2.0%		
49	2.0%		

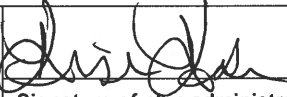
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>10/01/2020</u> and ending <u>09/30/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information			
1a Name of plan	MOOG INC. EMPLOYEES' RETIREMENT PLAN		1b Three-digit plan number (PN) ▶	001
			1c Effective date of plan	06/30/1959
2a Plan sponsor's name (employer, if for a single-employer plan)	MOOG INC.		2b Employer Identification Number (EIN)	16-0757636
Mailing address (include room, apt., suite no. and street, or P.O. Box)			2c Plan Sponsor's telephone number	716-652-2000
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	SENECA STREET AT JAMISON ROAD		2d Business code (see instructions)	336410
	EAST AURORA NY 14052-0018			

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		<u>7/13/22</u>	KRISTINE KARNATH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

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 2,713
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 2,005
a(2) Total number of active participants at the end of the plan year		6a(2) 1,845
b Retired or separated participants receiving benefits		6b 248
c Other retired or separated participants entitled to future benefits		6c 567
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 2,660
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 48
f Total. Add lines 6d and 6e		6f 2,708
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

Plan Name	Moog Inc. Employees' Retirement Plan
Plan Sponsor EIN	16-0757636
ERISA Plan No.	001
Plan Year End	9/30/2021

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2020**This Form is Open to Public
Inspection**

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

▶ 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
MOOG INC. EMPLOYEES' RETIREMENT PLAN**B** Three-digit
plan number (PN) ▶ 001**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

MOOG INC.

D Employer Identification Number (EIN)

16-0757636

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 10 Day 01 Year 2020**2** Assets:**a** Market value **2a** 615,871,702**b** Actuarial value **2b** 554,284,532**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.....	72	13,587,580	13,587,580
b For terminated vested participants	636	42,874,494	42,874,494
c For active participants.....	2,005	292,259,425	293,133,181
d Total	2,713	348,721,499	349,595,255

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** 5.50%**6** Target normal cost **6** 17,739,727**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***Benjamin W. Gilde* *BWG*

Signature of actuary

Benjamin W. Gilde

Type or print name of actuary

Aon Consulting, Inc.

Firm name

230 Third Avenue

Waltham MA 02451

Address of the firm

6/30/2022

Date

2008001

Most recent enrollment number

781-891-8600

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2020
v. 200204

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)	67,148,863	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)	67,148,863	0
10	Interest on line 9 using prior year's actual return of <u>13.96%</u>	9,373,981	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>5.54%</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)	76,522,844	0

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	136.66%
15	Adjusted funding target attainment percentage.....	15	158.55%
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	137.61%
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)

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: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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 Is the plan required to provide a Schedule of Active Participants? 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 6)	31a	17,739,727	
b Excess assets, if applicable, but not greater than line 31a	31b	17,739,727	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age. The weighted average retirement age is 65.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	5.00%	0.9039	2.73
61.5	5.00%	0.8587	2.64
62.5	12.00%	0.8158	6.12
63.5	15.00%	0.7179	6.84
64.5	15.00%	0.6102	5.90
65.5	35.00%	0.5187	11.89
66.5	30.00%	0.3371	6.73
67.5	20.00%	0.2360	3.19
68.5	20.00%	0.1888	2.59
69.5	20.00%	0.1510	2.10
70.5	25.00%	0.1208	2.13
71	100.00%	0.0906	6.43
Weighted Average			64.81

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- An increase in the expected investment return from 4.50% to 5.00%.
- A change in retirement rates.
- A change in withdrawal rates.
- A change in the salary scale.

These changes were made to better reflect anticipated plan experience. These assumption changes did not reduce the funding shortfall more than the threshold stated in the Internal Revenue Code Section 430(h)(5), as such approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2020

**Schedule SB, Line 26—Schedule of Active Participant Data
As of October 1, 2020**

**Moog Inc.
Employees' Retirement Plan
Active Employees**

EIN: 16-0757636 PN: 001

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			3	14	5					
35-39				45 \$90,461	25 \$92,968	8				
40-44			1	48 \$88,868	62 \$102,992	29 \$72,457	4			
45-49			3	54 \$90,131	49 \$102,690	79 \$94,770	15	4		
50-54			1	54 \$86,127	48 \$104,258	93 \$108,655	22 \$99,556	45 \$81,593	8	
55-59				75 \$103,652	80 \$100,319	130 \$99,525	26 \$97,249	68 \$106,103	85 \$104,484	16
60-64			1	70 \$99,622	55 \$86,177	99 \$91,686	51 \$111,078	61 \$111,284	76 \$123,426	157 \$76,410
65-69			1	24 \$104,711	12	28 \$83,716	33 \$101,490	17	15	70 \$70,956
70+				6	5	5	2	4	2	12

N-2005

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

* In fiscal 2017, Flo-Tork, Inc. Defined Benefit Plan and Trust ("Flo-Tork") merged into the Employees' Retirement Plan. The assumptions, as applicable, for the ERP listed below are used for both plans, except where specified otherwise

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of June 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.64%
2nd Segment Rate	5.21%
3rd Segment Rate	5.94%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2020), without regard to interest rate stabilization
1st Segment Rate	2.54%
2nd Segment Rate	3.61%
3rd Segment Rate	4.09%
Salary Increases	2.50% plus Merit Salary Scale (see Table 1)
Inflation	2.00% per year
Optional Payment Form Election Percentage	40% life annuity 25% joint and 50% survivor annuity 35% joint and 100% survivor annuity 100% life annuity for future deaths 100% lump sum for Flo-Tork
Optional Payment Form Conversion Interest Rate	6.00% Underlying funding interest rates for Flo-Tork
Optional Payment Form Conversion Mortality	50% male/50% female blend of the UP94 Mortality Tables projected to 2002 using scale AA Current IRC section 417(e) unisex mortality for Flo-Tork

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Retirement Age	See Table 2 Assumed Benefit Commencement Age for current and future vested deferred participants is age 65. Flo-Tork For actives, age 65 is the assumed retirement age. Current vested deferred benefits are assumed to commence at age 65. Future vested deferred benefits are assumed to commence immediately at termination.
Mortality Rates Healthy and Disabled	2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-26
Withdrawal Rates	See Table 3 The Actuary's Pension Handbook, Table T-5 for Flo-Tork.
Disability Rates	None
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2019 pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the 401(a)(17) compensation limit of \$285,000.

Schedule SB Attachment (Form 5500)—2020 Plan Year
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Valuation of Plan Assets

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

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

Expected Return on Assets

2018 Plan Year

5.25%

The applicable third segment rate limitation is 6.29%.

2019 Plan Year

4.50%

The applicable third segment rate limitation is 6.11%.

2020 Plan Year

5.00%

The applicable third segment rate limitation is 5.94%.

Trust Expenses Included in Target Normal Cost

\$575,000 plus anticipated PBGC premiums for 2020, rounded to the nearest \$1,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

October 1, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year
 Moog Inc. Employees' Retirement Plan
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Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	2.50%	45	1.00%
16	2.50%	46	1.00%
17	2.50%	47	1.00%
18	2.50%	48	1.00%
19	2.50%	49	1.00%
20	2.50%	50	1.00%
21	2.50%	51	1.00%
22	2.50%	52	1.00%
23	2.50%	53	1.00%
24	2.50%	54	1.00%
25	2.50%	55	1.00%
26	2.50%	56	1.00%
27	2.50%	57	1.00%
28	2.50%	58	1.00%
29	2.50%	59	1.00%
30	2.50%	60+	0.25%
31	2.50%		
32	2.50%		
33	2.50%		
34	2.50%		
35	2.50%		
36	2.50%		
37	2.50%		
38	2.50%		
39	2.50%		
40	1.00%		
41	1.00%		
42	1.00%		
43	1.00%		
44	1.00%		

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Table 2

Retirement Rates

Age	Rate
55	2%
56	2%
57	2%
58	2%
59	2%
60	5%
61	5%
62	12%
63	15%
64	15%
65	35%
66	30%
67	20%
68	20%
69	20%
70	25%
71	100%

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Table 3

Withdrawal Rates

Age	Rate	Age	Rate
20	12.0%	50	2.0%
21	11.6%	51	2.0%
22	11.2%	52	2.0%
23	10.8%	53	2.2%
24	10.4%	54	2.4%
25	10.0%	55	2.6%
26	9.6%	56	2.8%
27	9.2%	57	3.0%
28	8.8%	58	3.6%
29	8.4%	59	4.2%
30	8.0%	60	4.8%
31	7.6%	61	5.4%
32	7.0%	62	6.0%
33	6.3%	63	6.6%
34	5.6%	64	7.2%
35	4.9%	65+	0.0%
36	4.2%		
37	3.5%		
38	3.2%		
39	2.9%		
40	2.6%		
41	2.3%		
42	2.0%		
43	2.0%		
44	2.0%		
45	2.0%		
46	2.0%		
47	2.0%		
48	2.0%		
49	2.0%		

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

Effective Date

June 30, 1959

Plan amended and restated effective October 1, 2011.

Plan Year

The 12-month plan period beginning on October 1 and ending on the following September 30.

Plan Status

Effective January 1, 2008, the plan was closed to new hires.

Effective April 1, 2008, the participants who elected to receive a company non-matching contribution under the Moog Retirement Savings Plan ceased accruing benefits under this plan.

Effective December 1, 2016, the Flo-Tork, Inc. Defined Benefit Plan & Trust was merged into the plan

Effective January 1, 2020, the participants who elected to receive a company non-matching contribution under the Moog Retirement Savings Plan+ ceased accruing benefits under this plan

On September 16, 2020, the Company entered into an agreement to transfer future benefit obligations for 3,058 retired participants to an insurer

Eligibility

All employees hired before January 1, 2008 who did not elect to receive Moog's non-matching contributions under the Moog Retirement Savings Plan.

Participation

First day of the month coincident with or next following completion of one year of service with a minimum of 1,000 hours of service. Employees hired on or after January 1, 2008 are not eligible to participate.

Employee Contributions

None—Employer pays for full cost of the plan.

Service

Vesting Service

Each participant shall receive one year of service for each plan year in which the participant completes 1,000 hours of service.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Credited Service	
Prior Service	Continuous service (completed months) from hire to September 30, 1990.
Future Service	Continuous service (completed months) subsequent to September 30, 1990.
Compensation	
Prior Service	Prior service compensation is the greater of the January 1, 1988 base rate of pay of the pay received in the calendar year ending December 31, 1989 plus any shift differential or overtime but excluding any other compensation.
Current	Compensation is base pay plus shift differential and overtime received in the calendar year ending in the plan year.
Accrued Benefit	<p>Amount of benefit: (a) + (b), subject to a minimum of (c):</p> <p>(a) For service prior to October 1, 1990: 1.15% of the first \$20,000 of the prior service compensation plus 1.75% of such compensation in excess of \$20,000, for each year of prior service, or if greater, the accrued benefit under the prior accrual formula as of September 30, 1990.</p> <p>(b) For service after September 30, 1990: 1.15% of compensation up to \$20,000 plus 1.75% of the excess, for each year until completion of 35 years of credited service (prior and future), plus 1.75% of all compensation in each year subsequent to completion of 35 years of credited service.</p> <p>(c) A participant with at least five years of service shall be entitled to a minimum annual benefit of \$2,400 per year, prorated for less than 15 years of credited service.</p>
Normal Retirement	
Eligibility	Age 65.
Benefit	The accrued benefit.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Early Retirement
Eligibility

Age 55 with 15 years of credited service.

Benefit

The accrued benefit reduced 0.5% for each month benefit commencement precedes age 65. Benefit may not commence before age 55.

Late Retirement
Eligibility

Retirement after normal retirement age.

Benefit

The accrued benefit.

Deferred vested
Eligibility

The accrued benefit is nonforfeitable after five years of service.

Benefit

Accrued benefit payable at normal retirement date. A participant with 15 years of service may elect early commencement of benefits after age 55 on an actuarially reduced basis.

Disability
Eligibility

Total and permanent disability.

Benefit

Accrued benefit actuarially reduced for commencement prior to normal retirement.

Preretirement Death
Eligibility

A life annuity is payable to the surviving spouse of a member whose death occurs after becoming vested, but prior to retirement.

Benefit

The amount payable to the surviving spouse is 50% of the member's death benefit determined as if he separated from service on the date of death, survived to his earliest retirement date, elected the joint and 50% survivor option, and then died. If the member is younger than age 55 at death, the survivor benefit may commence as early as the date the member would have attained age 50, with benefit actuarially reduced further for earlier commencement.

Normal Form of Benefits
Unmarried Participants

Life annuity.

Married Participants

Qualified joint and 50% survivor annuity (can elect different optional form with spousal consent).

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Moog Inc. Employees' Retirement Plan
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Optional Forms	Joint and 100%, 75%, 66⅔%, 50% contingent annuitant; Social Security level option; Term certain and life.
Optional Form Conversion Interest	6.00%.
Mortality	UP94 Unisex Mortality Table projected to 2002 with scale AA.
Deferred Retirement	For members retiring after their normal retirement date, the age of the member and that of his beneficiary as of his normal retirement date will be utilized in the determination.

Schedule SB Attachment (Form 5500)—2020 Plan Year
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Provisions Applicable to Flo-Tork Participants

Plan Status	<p>Ongoing benefit accruals are provided for union employees, and new union employees are eligible to participate in the plan once they satisfy the participation requirements. No employee hired on or after December 7, 2015 will enter the plan.</p> <p>Effective January 1, 2007, future accruals were eliminated for non-union employees.</p> <p>As of December 1, 2018, future accruals were eliminated for all participants.</p>
Eligibility	<p>Hourly employees of the company, including members of Local #15811AM. Non-union employees no longer accrue benefits as of January 1, 2007.</p>
Participation	<p>First day of the first calendar week following the calendar week in which the employee has completed two months of service and attained age 16.</p>
Employee Contributions	<p>None—Employer pays for full cost of the plan.</p>
Service	
Vesting Service	<p>One year of credit for each plan year with 1,000 or more hours of service.</p>
Credited Service	<p>One year of credit for each plan year with 1,000 or more hours of service. Non-union employees stopped accruing service as of January 1, 2007.</p>

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
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Accrued Benefit

A monthly lifetime pension payable at normal retirement date equal to the sum of each year's accrual according to the following schedule:

Plan Years Beginning December 1	Benefit Rate
1973	\$ 5.50
1974–1976	\$ 6.60
1977–1979	\$ 7.70
1980	\$ 8.50
1981–1985	\$ 9.50
1986	\$10.50
1987	\$11.00
1988	\$12.00
1989–1990	\$13.00
1991	\$14.00
1992	\$15.00
1993–1994	\$16.00
1995	\$17.00
1996	\$18.00
1997	\$19.00
1998	\$20.00
1999	\$21.00
2000	\$24.00
2001	\$25.00
2002–2003	\$26.00
2004	\$27.00
2005	\$29.00
2006	\$31.00
2007	\$33.00
2008	\$35.00
2009	\$37.00
2010	\$39.00
2011	\$41.00
2012–2013	\$42.00
2014	\$43.00
2015+	\$44.50

Normal Retirement
Eligibility

First of month coincident with or next following age 65.

Benefit

The accrued benefit.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
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Early Retirement
Eligibility

Age 55 and five years of vesting service.

Benefit

Accrued benefit commencing at normal retirement date;
or present value of accrued benefit payable at early
retirement.

Late Retirement
Eligibility

Retirement after normal retirement age.

Benefit

The benefit accrued at date of retirement, subject to
actuarial increase after attainment of age 70½.

Active participants: The plan provides benefit suspension
notices to participants who work beyond normal
retirement; therefore, late retirement actuarial increases
only apply to participants who defer retirement beyond
age 70½.

Deferred vested
Eligibility

Five years of vesting service, or age 65 if earlier.

Benefit

Accrued benefit commencing at normal retirement date;
or present value of accrued benefit payable at
termination.

Disability
Eligibility

Totally and permanently disabled for six months.

Benefit

Present value of accrued normal retirement benefit.

Preretirement Death
Eligibility

Death while eligible for a vested benefit.

Benefit Before Normal Retirement

Actuarial equivalent of the accrued benefit determined as
of the date of death.

Benefit After Normal Retirement

Benefit payable per the form of payment election.

Normal Form of Benefits
Unmarried Participants

Life annuity.

Married Participants

Actuarially equivalent 50% joint and survivor.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
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Optional Forms

Lump sum;

Installments over a period certain not exceeding life expectancy;

Other single/joint life annuity options; such annuity may not be in a form that provides payments beyond the life expectancy of the participant (or, if applicable, his designated beneficiary).

Actuarial Equivalence

For Non-Decreasing Life Annuities

Interest

5.50% preretirement interest; 5.00% postretirement interest.

Mortality

1971 Individual Annuity (Male) Mortality Table with a two-year set back.

For Lump Sum Payments

Interest

Internal Revenue Code section 417(e)(3) applicable interest rate for the second month preceding the beginning of the plan year.

Mortality

Applicable Mortality Table under Internal Revenue Code section 417(e)(3)(A)(ii).

Plan Changes Since the Prior Year

- Effective January 1, 2020, the participants who elected to receive a company non-matching contribution under the Moog Retirement Savings Plan+ ceased accruing benefits under this plan.
- On September 16, 2020, the Company entered into an agreement to transfer future benefit obligations for 3,058 retired participants to an insurer.

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

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

Schedule SB Attachment (Form 5500)—2020 Plan Year
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age. The weighted average retirement age is 65.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	5.00%	0.9039	2.73
61.5	5.00%	0.8587	2.64
62.5	12.00%	0.8158	6.12
63.5	15.00%	0.7179	6.84
64.5	15.00%	0.6102	5.90
65.5	35.00%	0.5187	11.89
66.5	30.00%	0.3371	6.73
67.5	20.00%	0.2360	3.19
68.5	20.00%	0.1888	2.59
69.5	20.00%	0.1510	2.10
70.5	25.00%	0.1208	2.13
71	100.00%	0.0906	6.43
Weighted Average			64.81

Schedule SB Attachment (Form 5500)—2020 Plan Year
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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	June 30, 1959 Plan amended and restated effective October 1, 2011.
Plan Year	The 12-month plan period beginning on October 1 and ending on the following September 30.
Plan Status	Effective January 1, 2008, the plan was closed to new hires. Effective April 1, 2008, the participants who elected to receive a company non-matching contribution under the Moog Retirement Savings Plan ceased accruing benefits under this plan. Effective December 1, 2016, the Flo-Tork, Inc. Defined Benefit Plan & Trust was merged into the plan Effective January 1, 2020, the participants who elected to receive a company non-matching contribution under the Moog Retirement Savings Plan+ ceased accruing benefits under this plan On September 16, 2020, the Company entered into an agreement to transfer future benefit obligations for 3,058 retired participants to an insurer
Eligibility	All employees hired before January 1, 2008 who did not elect to receive Moog's non-matching contributions under the Moog Retirement Savings Plan.
Participation	First day of the month coincident with or next following completion of one year of service with a minimum of 1,000 hours of service. Employees hired on or after January 1, 2008 are not eligible to participate.
Employee Contributions	None—Employer pays for full cost of the plan.
Service	
Vesting Service	Each participant shall receive one year of service for each plan year in which the participant completes 1,000 hours of service.

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Credited Service	
Prior Service	Continuous service (completed months) from hire to September 30, 1990.
Future Service	Continuous service (completed months) subsequent to September 30, 1990.
Compensation	
Prior Service	Prior service compensation is the greater of the January 1, 1988 base rate of pay of the pay received in the calendar year ending December 31, 1989 plus any shift differential or overtime but excluding any other compensation.
Current	Compensation is base pay plus shift differential and overtime received in the calendar year ending in the plan year.
Accrued Benefit	<p>Amount of benefit: (a) + (b), subject to a minimum of (c):</p> <p>(a) For service prior to October 1, 1990: 1.15% of the first \$20,000 of the prior service compensation plus 1.75% of such compensation in excess of \$20,000, for each year of prior service, or if greater, the accrued benefit under the prior accrual formula as of September 30, 1990.</p> <p>(b) For service after September 30, 1990: 1.15% of compensation up to \$20,000 plus 1.75% of the excess, for each year until completion of 35 years of credited service (prior and future), plus 1.75% of all compensation in each year subsequent to completion of 35 years of credited service.</p> <p>(c) A participant with at least five years of service shall be entitled to a minimum annual benefit of \$2,400 per year, prorated for less than 15 years of credited service.</p>
Normal Retirement	
Eligibility	Age 65.
Benefit	The accrued benefit.

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Early Retirement
Eligibility

Age 55 with 15 years of credited service.

Benefit

The accrued benefit reduced 0.5% for each month benefit commencement precedes age 65. Benefit may not commence before age 55.

Late Retirement
Eligibility

Retirement after normal retirement age.

Benefit

The accrued benefit.

Deferred vested
Eligibility

The accrued benefit is nonforfeitable after five years of service.

Benefit

Accrued benefit payable at normal retirement date. A participant with 15 years of service may elect early commencement of benefits after age 55 on an actuarially reduced basis.

Disability
Eligibility

Total and permanent disability.

Benefit

Accrued benefit actuarially reduced for commencement prior to normal retirement.

Preretirement Death
Eligibility

A life annuity is payable to the surviving spouse of a member whose death occurs after becoming vested, but prior to retirement.

Benefit

The amount payable to the surviving spouse is 50% of the member's death benefit determined as if he separated from service on the date of death, survived to his earliest retirement date, elected the joint and 50% survivor option, and then died. If the member is younger than age 55 at death, the survivor benefit may commence as early as the date the member would have attained age 50, with benefit actuarially reduced further for earlier commencement.

Normal Form of Benefits
Unmarried Participants

Life annuity.

Married Participants

Qualified joint and 50% survivor annuity (can elect different optional form with spousal consent).

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
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Optional Forms	Joint and 100%, 75%, 66⅔%, 50% contingent annuitant; Social Security level option; Term certain and life.
Optional Form Conversion Interest	6.00%.
Mortality	UP94 Unisex Mortality Table projected to 2002 with scale AA.
Deferred Retirement	For members retiring after their normal retirement date, the age of the member and that of his beneficiary as of his normal retirement date will be utilized in the determination.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Provisions Applicable to Flo-Tork Participants

Plan Status	<p>Ongoing benefit accruals are provided for union employees, and new union employees are eligible to participate in the plan once they satisfy the participation requirements. No employee hired on or after December 7, 2015 will enter the plan.</p> <p>Effective January 1, 2007, future accruals were eliminated for non-union employees.</p> <p>As of December 1, 2018, future accruals were eliminated for all participants.</p>
Eligibility	<p>Hourly employees of the company, including members of Local #15811AM. Non-union employees no longer accrue benefits as of January 1, 2007.</p>
Participation	<p>First day of the first calendar week following the calendar week in which the employee has completed two months of service and attained age 16.</p>
Employee Contributions	<p>None—Employer pays for full cost of the plan.</p>
Service	
Vesting Service	<p>One year of credit for each plan year with 1,000 or more hours of service.</p>
Credited Service	<p>One year of credit for each plan year with 1,000 or more hours of service. Non-union employees stopped accruing service as of January 1, 2007.</p>

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
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Accrued Benefit

A monthly lifetime pension payable at normal retirement date equal to the sum of each year's accrual according to the following schedule:

Plan Years Beginning December 1	Benefit Rate
1973	\$ 5.50
1974–1976	\$ 6.60
1977–1979	\$ 7.70
1980	\$ 8.50
1981–1985	\$ 9.50
1986	\$10.50
1987	\$11.00
1988	\$12.00
1989–1990	\$13.00
1991	\$14.00
1992	\$15.00
1993–1994	\$16.00
1995	\$17.00
1996	\$18.00
1997	\$19.00
1998	\$20.00
1999	\$21.00
2000	\$24.00
2001	\$25.00
2002–2003	\$26.00
2004	\$27.00
2005	\$29.00
2006	\$31.00
2007	\$33.00
2008	\$35.00
2009	\$37.00
2010	\$39.00
2011	\$41.00
2012–2013	\$42.00
2014	\$43.00
2015+	\$44.50

Normal Retirement
Eligibility

First of month coincident with or next following age 65.

Benefit

The accrued benefit.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
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Early Retirement
Eligibility

Age 55 and five years of vesting service.

Benefit

Accrued benefit commencing at normal retirement date;
or present value of accrued benefit payable at early
retirement.

Late Retirement
Eligibility

Retirement after normal retirement age.

Benefit

The benefit accrued at date of retirement, subject to
actuarial increase after attainment of age 70½.

Active participants: The plan provides benefit suspension
notices to participants who work beyond normal
retirement; therefore, late retirement actuarial increases
only apply to participants who defer retirement beyond
age 70½.

Deferred vested
Eligibility

Five years of vesting service, or age 65 if earlier.

Benefit

Accrued benefit commencing at normal retirement date;
or present value of accrued benefit payable at
termination.

Disability
Eligibility

Totally and permanently disabled for six months.

Benefit

Present value of accrued normal retirement benefit.

Preretirement Death
Eligibility

Death while eligible for a vested benefit.

Benefit Before Normal Retirement

Actuarial equivalent of the accrued benefit determined as
of the date of death.

Benefit After Normal Retirement

Benefit payable per the form of payment election.

Normal Form of Benefits
Unmarried Participants

Life annuity.

Married Participants

Actuarially equivalent 50% joint and survivor.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
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Optional Forms

Lump sum;

Installments over a period certain not exceeding life expectancy;

Other single/joint life annuity options; such annuity may not be in a form that provides payments beyond the life expectancy of the participant (or, if applicable, his designated beneficiary).

Actuarial Equivalence

For Non-Decreasing Life Annuities

Interest

5.50% preretirement interest; 5.00% postretirement interest.

Mortality

1971 Individual Annuity (Male) Mortality Table with a two-year set back.

For Lump Sum Payments

Interest

Internal Revenue Code section 417(e)(3) applicable interest rate for the second month preceding the beginning of the plan year.

Mortality

Applicable Mortality Table under Internal Revenue Code section 417(e)(3)(A)(ii).

Plan Changes Since the Prior Year

- Effective January 1, 2020, the participants who elected to receive a company non-matching contribution under the Moog Retirement Savings Plan+ ceased accruing benefits under this plan.
- On September 16, 2020, the Company entered into an agreement to transfer future benefit obligations for 3,058 retired participants to an insurer.

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

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

Plan Name	Moog Inc. Employees' Retirement Plan
Plan Sponsor EIN	16-0757636
ERISA Plan No.	001
Plan Year End	9/30/2021

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500)—2020 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- An increase in the expected investment return from 4.50% to 5.00%.
- A change in retirement rates.
- A change in withdrawal rates.
- A change in the salary scale.

These changes were made to better reflect anticipated plan experience. These assumption changes did not reduce the funding shortfall more than the threshold stated in the Internal Revenue Code Section 430(h)(5), as such approval of the Commissioner is not required.