

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MOOG INC. EMPLOYEES' RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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></p> <p><u>SENECA STREET AT JAMISON ROAD</u> <u>EAST AURORA, NY 14052-0018</u></p>	<p>1c Effective date of plan <u>06/30/1959</u></p> <p>2b Employer Identification Number (EIN) <u>16-0757636</u></p> <p>2c Plan Sponsor's telephone number <u>716-652-2000</u></p> <p>2d Business code (see instructions) <u>336410</u></p>

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.	07/10/2025	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	2335
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1374
	6a(2)	1215
	6b	694
	6c	331
	6d	2240
	6e	48
	6f	2288
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **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 <u>MOOG INC. EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MOOG INC.</u>	D Employer Identification Number (EIN) <u>16-0757636</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>392665234</u>
	b Actuarial value	2b	<u>431931757</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>560</u>	<u>141650709</u>
	b For terminated vested participants	<u>401</u>	<u>33204512</u>
	c For active participants	<u>1374</u>	<u>239948893</u>
	d Total	<u>2335</u>	<u>414804114</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	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	<u>5.29 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>13269183</u>
	b Expected plan-related expenses	6b	<u>1129000</u>
	c Target normal cost	6c	<u>14398183</u>

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

SIGN HERE Signature of actuary <u>BENJAMIN W. GILDE</u> Type or print name of actuary <u>AON CONSULTING, INC.</u> Firm name <u>MSC# 17761</u> <u>PO BOX 549294</u> <u>WALTHAM, MA 02454-9294</u> Address of the firm	<u>06/27/2025</u> Date <u>23-08001</u> Most recent enrollment number <u>617-482-3100</u> Telephone number (including area code)
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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

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)	56617587	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)	56617587	0
10	Interest on line 9 using prior year's actual return of <u>0.05</u> %	28309	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>5.47</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)	56645896	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	90.36 %
15	Adjusted funding target attainment percentage	15	104.00 %
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	117.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> 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)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	
28 Unpaid minimum required contributions for all prior years	28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	14398183
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 14398183
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	14398183	0	14398183
36 Additional cash requirement (line 34 minus line 35).....			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)	
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021	

SCHEDULE C (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>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

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)

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

WILMINGTON TRUST

16-1486454

(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	500217	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	259025	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CAPITAL BANK AND TRUST COMPANY

P.O. BOX 6164
INDIANAPOLIS, IN 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	142241	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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	113960	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	89847	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DIETZ & LYNCH CAPITAL 28 GREEN ST NEWBURY, MA 01951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	30053	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANGELL PENSION GROUP, INC

88 BOYD AVENUE
EAST PROVIDENCE, RI 02914

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	12500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>CAPITAL GROUP LONG DURATION CREDIT</u>	
b Name of sponsor of entity listed in (a):	<u>CAPITAL BANK AND TRUST COMPANY</u>	
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>111830772</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):

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)

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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
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.

		(a) Beginning of Year	(b) End of Year
Assets			
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)	18016944	14253851
(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)	13249538	11398609
(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)	92139859	111830772
(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)	269251893	335446083
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	392658234	472929315
Liabilities			
g Benefit claims payable	1g	503718	285167
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	503718	285167
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	392154516	472644148

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	837590	
(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)	88005	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		925595
(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)	10151113	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	764868689	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	760028268	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6798020	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		17690914
(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)		54762172
c Other income.....	2c		392
d Total income. Add all income amounts in column (b) and enter total.....	2d		95168627

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12977522	
(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)		12977522
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	12500	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	545279	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	89847	
(7) Actuarial fees.....	2i(7)	500217	
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	553630	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1701473
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14678995

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		80489632
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 P.C.**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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		
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		
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 541310.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

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
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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
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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	44
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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.)
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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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 0.0 % Private Equity: 40.8 % Investment-Grade Debt and Interest Rate Hedging Assets: 59.2 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

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

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

**Financial Statements and Supplemental Schedules
Moog Inc. Employees' Retirement Plan
Years Ended September 30, 2024 and 2023
With Independent Auditor's Report**

MOOG INC. EMPLOYEES' RETIREMENT PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
YEARS ENDED SEPTEMBER 30, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of Moog Inc. Employees' Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended September 30, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2024, and Schedule H, line 4j – Schedule of Reportable Transactions for the year ended September 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Freed Maxick P.C.

Buffalo, New York
July 11, 2025

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

	September 30,	
	2024	2023
ASSETS		
Investments, at fair value	\$ 472,929,315	\$ 392,658,234
Total assets	472,929,315	392,658,234
LIABILITIES		
Accounts payable	285,167	503,718
Total liabilities	285,167	503,718
Net assets available for benefits	\$ 472,644,148	\$ 392,154,516

See accompanying Notes to Financial Statements.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended September 30,	
	2024	2023
ADDITIONS		
Investment income - interest and dividends	\$ 11,076,708	\$ 12,354,101
Net realized and unrealized appreciation in fair value of investments	84,091,919	—
Total additions	95,168,627	12,354,101
DEDUCTIONS		
Net realized and unrealized depreciation in fair value of investments	—	10,408,888
Pension benefit payments	12,977,522	51,790,330
Administrative expenses	1,701,473	2,342,833
Total deductions	14,678,995	64,542,051
Net increase (decrease)	80,489,632	(52,187,950)
Net assets available for benefits at beginning of year	392,154,516	444,342,466
Net assets available for benefits at end of year	\$ 472,644,148	\$ 392,154,516

See accompanying Notes to Financial Statements.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO 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 \$330,000 and \$305,000 for the plan years ended September 30, 2024 and 2023, respectively.

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

MOOG INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO 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 Mercer Investments LLC ("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. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Subsequent Events

The Plan has evaluated subsequent events through July 11, 2025, the date the financial statements were issued, and made no significant changes to the financial statements as a result of the subsequent events evaluation.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

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 2024 and 2023.

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, 2024 and September 30, 2023.

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 fund: 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.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

4. Fair Value (continued)

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.

The following tables present the fair values and classification of our financial assets measured on a recurring basis as of September 30, 2024 and 2023:

Assets at Fair Value as of September 30, 2024:				
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Shares of registered investment companies:				
Equity funds	\$ 181,870,943	\$ —	\$ —	\$ 181,870,943
Fixed income funds	153,575,140	—	—	153,575,140
Money market fund	—	7,833,851	—	7,833,851
Cash and cash equivalents (interest-bearing)	—	6,420,000	—	6,420,000
Total investments in fair value hierarchy	335,446,083	14,253,851	—	349,699,934
Investments measured at NAV practical expedient ⁽¹⁾				123,229,381
Total investments at fair value	\$ 335,446,083	\$ 14,253,851	\$ —	\$ 472,929,315

Assets at Fair Value as of September 30, 2023:				
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Shares of registered investment companies:				
Equity funds	\$ 143,527,977	\$ —	\$ —	\$ 143,527,977
Fixed income funds	125,723,916	—	—	125,723,916
Money market fund	—	9,606,944	—	9,606,944
Cash and cash equivalents (interest-bearing)	—	8,410,000	—	8,410,000
Total investments in fair value hierarchy	269,251,893	18,016,944	—	287,268,837
Investments measured at NAV practical expedient ⁽¹⁾				105,389,397
Total investments at fair value	\$ 269,251,893	\$ 18,016,944	\$ —	\$ 392,658,234

⁽¹⁾ 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, 2024 and 2023:

	Fair Value		Unfunded Commitments		Redemption Frequency	Redemption Notice Period
	2024	2023	2024	2023		
Collective investment trust	\$ 111,830,772	\$ 92,139,859	\$ —	\$ —	Daily	5 days
Limited partnerships ⁽¹⁾	11,398,609	13,249,538	3,779,276	3,799,276	Varies	10-45 days
Total	\$ 123,229,381	\$ 105,389,397	\$ 3,779,276	\$ 3,799,276		

⁽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 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 2024, the Plan entered into 6,259 futures contracts with a total notional amount of \$752,586,867. During 2023, the Plan entered into 6,172 futures contracts with a total notional amount of \$772,612,316.

In the tables 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.

Open fixed income futures contracts related to the Plan were as follows:

	Number of Futures Contracts	Expiration	Futures Contracts Notional Amount
September 30, 2024	1,447	Various 2024	\$ 181,546,409
September 30, 2023	1,632	Various 2023	187,989,563

The Plan recognized the following realized and unrealized gains (losses) on fixed income futures contracts in the statements of changes in net assets available for benefits for the years ended September 30, 2024 and September 30, 2023:

	Realized Gains / (Losses)	Unrealized Gains / (Losses)
September 30, 2024	\$ 4,109,213	\$ 7,089,949
September 30, 2023	(25,837,816)	3,164,327

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 and depreciation in fair value of investments, interest and dividends for the years ended September 30, 2024 and 2023, respectively, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Wilmington Trust. 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, Wilmington Trust has certified the unaudited financial data contained in the schedule of assets held for investment and reportable transactions as of and for the year ended September 30, 2024.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

7. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits, as computed by consulting actuaries from Aon, 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, 2023
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 118,519,665
Participants with deferred benefits	25,794,943
Other participants	186,894,278
	331,208,886
Nonvested benefits	564,966
Total actuarial present value of accumulated plan benefits at end of year	\$ 331,773,852

The following is a summary of the changes in the actuarial present value as of the end of the previous plan year:

	September 30, 2023
Actuarial present value of accumulated plan benefits at beginning of year	\$ 369,129,534
Increase (decrease) during the year attributable to:	
Benefits accumulated and losses	19,148,114
Interest accumulation	22,336,731
Benefits paid	(51,790,330)
Change in actuarial assumptions	(27,050,197)
Net increase	(37,355,682)
Actuarial present value of accumulated plan benefits at end of year	\$ 331,773,852

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, 2023 include (a) rate of return on investments of 7.25%, 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-2021, (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, 2023, the changes in actuarial assumptions from the prior year were due to the change in interest rate from 6.50% to 7.25%. Had the valuation been performed as of September 30, 2023, there would be no material differences.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO 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.

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 Mercer Investments LLC, the Plan investment manager. These transactions may also qualify as party-in-interest transactions.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

12. Plan Amendment

For the plan year ended September 30, 2023, the Plan was amended to permit eligible participants to make a voluntary election, during the window period from July 17, 2023 to August 24, 2023, to commence distribution of the Plan benefit as of September 1, 2023 with the option of receiving a lump sum distribution of their vested Plan benefit. The amount of lump sum distributions at September 30, 2023 was \$40,517,831 and is included in pension benefit payments on the Statement of Changes in Net Assets Available for Benefits.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

EIN #16-0757636 Plan #001
 Schedule H, Line 4i - Schedule of Assets
 (Held at End of Year)
 September 30, 2024

Identity of Issuer/Description	Cost	Current Value
Shares of Registered Investment Companies		
Vanguard Global Minimum Volatility Fund Admiral Shares	\$ 15,497,760	\$ 19,138,301
Vanguard Total International Stock Index Fund Institutional Shares	58,104,388	69,331,158
Vanguard Total Stock Market Index Fund Institutional Shares	58,814,803	93,401,484
Vanguard Long-Term Investment Grade Fund Admiral Shares	106,431,138	93,864,174
Vanguard Long-Term Treasury Index Institutional Shares	77,897,890	59,710,966
	<u>316,745,979</u>	<u>335,446,083</u>
Money Market Fund		
Wilmington U.S. Treasury Money Market Fund*	7,833,851	7,833,851
	<u>7,833,851</u>	<u>7,833,851</u>
Cash and Cash Equivalents (Interest-bearing)		
Goldman Sachs & Co.	6,420,000	6,420,000
	<u>6,420,000</u>	<u>6,420,000</u>
Collective Investment Trust		
Capital Group Long Duration Credit	122,088,386	111,830,772
	<u>122,088,386</u>	<u>111,830,772</u>
Limited Partnerships		
Blackstone Capital Partners VI	3,505,116	3,580,575
Blackstone Energy Partners LP	1,868,500	1,842,177
Private Equity Core Fund (QP) IV, LP	4,980,166	5,241,126
Vintage VI Manager LP	748,847	734,731
	<u>11,102,629</u>	<u>11,398,609</u>
Total investments	\$ 464,190,845	\$ 472,929,315

*Denotes a party-in-interest

This Schedule was prepared solely from information certified as complete and accurate by Wilmington Trust.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

EIN #16-0757636 Plan #001
 Schedule H, Line 4j - Schedule of Reportable Transactions
 For the Year Ended September 30, 2024

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 Total International Stock Index Fund Institutional Shares	Registered Investment Co.	18	12,126,781	—	12,126,781	12,126,781	—
Vanguard Total International Stock Index Fund Institutional Shares	Registered Investment Co.	15	—	9,062,704	8,181,896	9,062,704	880,808
Vanguard Total Stock Market Index Fund Institutional Shares	Registered Investment Co.	17	13,163,172	—	13,163,172	13,163,172	—
Vanguard Total Stock Market Index Fund Institutional Shares	Registered Investment Co.	26	—	17,791,538	15,345,073	17,791,538	2,446,465
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	237	212,937,470	—	212,937,470	212,937,470	—
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	221	—	213,979,935	213,979,935	213,979,935	—

*Denotes a party-in-interest

This Schedule was prepared solely from information certified as complete and accurate by Wilmington Trust.

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Moog Inc. Employees' Retirement Plan
 EIN: 16-0757636 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of
 October 1, 2023

**Schedule SB, Line 26—Schedule of Active Participant Data
 As of October 1, 2023**

**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			1		1					
35-39			1	1	27 \$79,466					
40-44					81 \$108,239	23 \$89,767	4			
45-49					61 \$106,554	52 \$105,544	33 \$94,563	1		
50-54			1	1	66 \$102,209	56 \$113,802	65 \$123,031	16	5	
55-59					74 \$100,495	55 \$113,435	73 \$120,730	18	71 \$100,458	4
60-64					65 \$105,122	64 \$91,514	84 \$105,683	13	77 \$123,921	97 \$91,813
65-69					25 \$115,011	15	30 \$117,353	3	19	56 \$85,468
70+					9	1	3	4	1	17

N-1374

Schedule SB Attachment (Form 5500)—2023 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 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2023), without regard to interest rate stabilization
1st Segment Rate	3.03%
2nd Segment Rate	4.11%
3rd Segment Rate	4.27%
Salary Increases	3.00% plus Merit Salary Scale (see Table 1)
Inflation	2.50% 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)—2023 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	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.
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	2022 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 \$265,000 and the 401(a)(17) compensation limit of \$330,000.

Schedule SB Attachment (Form 5500)—2023 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	
2021 Plan Year	5.00% The applicable third segment rate limitation is 6.11%.
2022 Plan Year	6.50% The applicable third segment rate limitation is 5.92%.
2023 Plan Year	7.25% The applicable third segment rate limitation is 5.74%.
Trust Expenses Included in Target Normal Cost	\$575,000 plus anticipated PBGC premiums for 2023, rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	October 1, 2023

Schedule SB Attachment (Form 5500)—2023 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)—2023 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Table 2

Retirement Rates

<u>Age</u>	<u>Rate</u>
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)—2023 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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

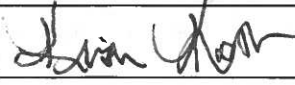
- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan MOOG INC. EMPLOYEES' RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 06/30/1959</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 06/30/1959	
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) 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) MOOG INC. SENECA STREET AT JAMISON ROAD EAST AURORA NY 14052-0018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 16-0757636</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 716-652-2000</td> </tr> <tr> <td>2d Business code (see instructions) 336410</td> </tr> </table>	2b Employer Identification Number (EIN) 16-0757636	2c Plan Sponsor's telephone number 716-652-2000	2d Business code (see instructions) 336410	
2b Employer Identification Number (EIN) 16-0757636					
2c Plan Sponsor's telephone number 716-652-2000					
2d Business code (see instructions) 336410					

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		7/10/25	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 (2023)
v. 2300728

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	2,335
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c..... e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e..... g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1,374
	6a(2)	1,215
	6b	694
	6c	331
	6d	2,240
	6e	48
	6f	2,288
	6g(1)	
	6g(2)	
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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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	9/30/2024

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 Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**

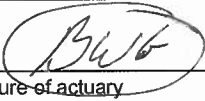
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value.....		2a	392,665,234
b Actuarial value.....		2b	431,931,757
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.....	560	141,650,709	141,650,709
b For terminated vested participants.....	401	33,204,512	33,204,512
c For active participants.....	1,374	239,948,893	240,433,426
d Total.....	2,335	414,804,114	415,288,647
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.29%
6 Target normal cost			
a Present value of current plan year accruals.....		6a	13,269,183
b Expected plan-related expenses.....		6b	1,129,000
c Target normal cost.....		6c	14,398,183

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  Signature of actuary	<u>6/27/25</u> Date
	BENJAMIN W. GILDE Type or print name of actuary	2308001 Most recent enrollment number
	AON CONSULTING, INC. Firm name	617-482-3100 Telephone number (including area code)
	MSC# 17761 PO BOX 549294 WALTHAM MA 02454-9294 Address of the firm	

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) 2023
v. 230728

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).....	56,617,587	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).....	56,617,587	0
10	Interest on line 9 using prior year's actual return of <u>0.05%</u>	28,309	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>5.47%</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).....	56,645,896	0

Part III	Funding Percentages		
14	Funding target attainment percentage.....	14	90.36%
15	Adjusted funding target attainment percentage.....	15	104.00%
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	117.20%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> 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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	14,398,183
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	14,398,183
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement.....	14,398,183	0
		Total balance
36 Additional cash requirement (line 34 minus line 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0
40 Unpaid minimum required contributions for all years.....	40	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Moog Inc. Employees' Retirement Plan
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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.

(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)—2023 Plan Year
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on assets from 6.50% to 7.25%.

This change was made to better reflect anticipated plan experience. This assumption change 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)—2023 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 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2023), without regard to interest rate stabilization
1st Segment Rate	3.03%
2nd Segment Rate	4.11%
3rd Segment Rate	4.27%
Salary Increases	3.00% plus Merit Salary Scale (see Table 1)
Inflation	2.50% 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)—2023 Plan Year
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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	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.
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	2022 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 \$265,000 and the 401(a)(17) compensation limit of \$330,000.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Moog Inc. Employees' Retirement Plan
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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	
2021 Plan Year	5.00% The applicable third segment rate limitation is 6.11%.
2022 Plan Year	6.50% The applicable third segment rate limitation is 5.92%.
2023 Plan Year	7.25% The applicable third segment rate limitation is 5.74%.
Trust Expenses Included in Target Normal Cost	\$575,000 plus anticipated PBGC premiums for 2023, rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	October 1, 2023

Schedule SB Attachment (Form 5500)—2023 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%		

Schedule SB Attachment (Form 5500)—2023 Plan Year
Moog Inc. Employees' Retirement Plan
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Table 2

Retirement Rates

<u>Age</u>	<u>Rate</u>
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)—2023 Plan Year
 Moog Inc. Employees' Retirement Plan
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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)—2023 Plan Year
 Moog Inc. Employees' Retirement Plan
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Schedule SB, line 26a—Schedule of Active Participant Data as of
 October 1, 2023

**Schedule SB, Line 26—Schedule of Active Participant Data
 As of October 1, 2023**

**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			1		1					
35-39			1	1	27 \$79,466					
40-44					81 \$108,239	23 \$89,767	4			
45-49					61 \$106,554	52 \$105,544	33 \$94,563	1		
50-54			1	1	66 \$102,209	56 \$113,802	65 \$123,031	16	5	
55-59					74 \$100,495	55 \$113,435	73 \$120,730	18	71 \$100,458	4
60-64					65 \$105,122	64 \$91,514	84 \$105,683	13	77 \$123,921	97 \$91,813
65-69					25 \$115,011	15	30 \$117,353	3	19	56 \$85,468
70+					9	1	3	4	1	17

N-1374

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Moog Inc. Employees' Retirement Plan
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Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	2,030,250	411,045	11,028,284	13,469,579
2024	4,806,674	613,827	10,951,650	16,372,151
2025	7,142,355	1,006,598	10,886,608	19,035,561
2026	9,375,275	1,251,059	10,813,709	21,440,043
2027	11,393,484	1,561,695	10,731,452	23,686,631
2028	13,192,967	1,752,150	10,638,899	25,584,016
2029	14,810,244	2,121,593	10,534,818	27,466,655
2030	16,161,251	2,107,672	10,416,572	28,685,495
2031	17,240,698	2,381,508	10,276,738	29,898,944
2032	18,166,575	2,458,445	10,123,681	30,748,701
2033	18,909,886	2,571,226	9,953,749	31,434,861
2034	19,492,910	2,647,943	9,762,768	31,903,621
2035	19,980,016	2,710,648	9,548,680	32,239,344
2036	20,391,435	2,881,547	9,309,493	32,582,475
2037	20,600,512	2,792,199	9,043,333	32,436,044
2038	20,694,077	2,772,810	8,748,479	32,215,366
2039	20,672,164	2,778,117	8,423,430	31,873,711
2040	20,586,276	2,845,765	8,066,997	31,499,038
2041	20,401,176	2,778,203	7,678,511	30,857,890
2042	20,150,860	2,786,105	7,258,086	30,195,051
2043	19,797,615	2,697,367	6,806,898	29,301,880
2044	19,377,588	2,672,674	6,327,442	28,377,704
2045	18,851,856	2,603,732	5,823,793	27,279,381
2046	18,225,887	2,513,662	5,301,799	26,041,348
2047	17,514,329	2,437,046	4,769,146	24,720,521
2048	16,737,887	2,335,680	4,235,128	23,308,695
2049	15,888,935	2,236,576	3,710,014	21,835,525
2050	14,996,144	2,136,385	3,204,181	20,336,710
2051	14,048,740	2,036,160	2,727,157	18,812,057
2052	13,056,289	1,905,518	2,286,774	17,248,581
2053	12,052,475	1,743,601	1,888,785	15,684,861
2054	11,052,923	1,615,987	1,536,678	14,205,588
2055	10,066,040	1,465,924	1,231,705	12,763,669
2056	9,108,688	1,330,667	973,088	11,412,443
2057	8,189,938	1,200,051	758,293	10,148,282
2058	7,317,888	1,075,511	583,459	8,976,858
2059	6,500,836	958,210	443,873	7,902,919
2060	5,743,553	849,005	334,452	6,927,010
2061	5,047,409	748,444	250,111	6,045,964
2062	4,413,271	656,767	186,055	5,256,093
2063	3,840,106	573,929	138,009	4,552,044
2064	3,325,680	499,650	102,335	3,927,665
2065	2,866,848	433,467	76,050	3,376,365

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Moog Inc. Employees' Retirement Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2066	2,459,845	374,792	56,781	2,891,418
2067	2,100,552	322,975	42,696	2,466,223
2068	1,784,747	277,337	32,401	2,094,485
2069	1,508,296	237,218	24,856	1,770,370
2070	1,267,274	201,996	19,303	1,488,573
2071	1,058,022	171,108	15,189	1,244,319
2072	877,198	144,056	12,112	1,033,366

Schedule SB Attachment (Form 5500)—2023 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	June 30, 1959 Plan amended and restated effective November 15, 2016.
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. On September 26, 2023, Moog paid one-time lump sums to settle future benefit obligations for 358 participants.
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	

Schedule SB Attachment (Form 5500)—2023 Plan Year
Moog Inc. Employees' Retirement Plan
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Vesting Service	Each participant shall receive one year of service for each plan year in which the participant completes 1,000 hours of service.
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	Amount of benefit: (a) + (b), subject to a minimum of (c): (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. (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. (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.
Normal Retirement Eligibility	Age 65.
Benefit	The accrued benefit.

Schedule SB Attachment (Form 5500)—2023 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).

Schedule SB Attachment (Form 5500)—2023 Plan Year
Moog Inc. Employees' Retirement Plan
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Optional Forms	Joint and 100%, 75%, 66 $\frac{2}{3}$ %, 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)—2023 Plan Year
Moog Inc. Employees' Retirement Plan
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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)—2023 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)—2023 Plan Year
 Moog Inc. Employees' Retirement Plan
 EIN: 16-0757636 PN: 001

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)—2023 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

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

The plan was amended to provide a one-time lump sum opportunity for eligible plan participants in September 2023.

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)—2023 Plan Year
 Moog Inc. Employees' Retirement Plan
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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.

(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)—2023 Plan Year
 Moog Inc. Employees' Retirement Plan
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Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	2,030,250	411,045	11,028,284	13,469,579
2024	4,806,674	613,827	10,951,650	16,372,151
2025	7,142,355	1,006,598	10,886,608	19,035,561
2026	9,375,275	1,251,059	10,813,709	21,440,043
2027	11,393,484	1,561,695	10,731,452	23,686,631
2028	13,192,967	1,752,150	10,638,899	25,584,016
2029	14,810,244	2,121,593	10,534,818	27,466,655
2030	16,161,251	2,107,672	10,416,572	28,685,495
2031	17,240,698	2,381,508	10,276,738	29,898,944
2032	18,166,575	2,458,445	10,123,681	30,748,701
2033	18,909,886	2,571,226	9,953,749	31,434,861
2034	19,492,910	2,647,943	9,762,768	31,903,621
2035	19,980,016	2,710,648	9,548,680	32,239,344
2036	20,391,435	2,881,547	9,309,493	32,582,475
2037	20,600,512	2,792,199	9,043,333	32,436,044
2038	20,694,077	2,772,810	8,748,479	32,215,366
2039	20,672,164	2,778,117	8,423,430	31,873,711
2040	20,586,276	2,845,765	8,066,997	31,499,038
2041	20,401,176	2,778,203	7,678,511	30,857,890
2042	20,150,860	2,786,105	7,258,086	30,195,051
2043	19,797,615	2,697,367	6,806,898	29,301,880
2044	19,377,588	2,672,674	6,327,442	28,377,704
2045	18,851,856	2,603,732	5,823,793	27,279,381
2046	18,225,887	2,513,662	5,301,799	26,041,348
2047	17,514,329	2,437,046	4,769,146	24,720,521
2048	16,737,887	2,335,680	4,235,128	23,308,695
2049	15,888,935	2,236,576	3,710,014	21,835,525
2050	14,996,144	2,136,385	3,204,181	20,336,710
2051	14,048,740	2,036,160	2,727,157	18,812,057
2052	13,056,289	1,905,518	2,286,774	17,248,581
2053	12,052,475	1,743,601	1,888,785	15,684,861
2054	11,052,923	1,615,987	1,536,678	14,205,588
2055	10,066,040	1,465,924	1,231,705	12,763,669
2056	9,108,688	1,330,667	973,088	11,412,443
2057	8,189,938	1,200,051	758,293	10,148,282
2058	7,317,888	1,075,511	583,459	8,976,858
2059	6,500,836	958,210	443,873	7,902,919
2060	5,743,553	849,005	334,452	6,927,010
2061	5,047,409	748,444	250,111	6,045,964
2062	4,413,271	656,767	186,055	5,256,093
2063	3,840,106	573,929	138,009	4,552,044
2064	3,325,680	499,650	102,335	3,927,665
2065	2,866,848	433,467	76,050	3,376,365

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Moog Inc. Employees' Retirement Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2066	2,459,845	374,792	56,781	2,891,418
2067	2,100,552	322,975	42,696	2,466,223
2068	1,784,747	277,337	32,401	2,094,485
2069	1,508,296	237,218	24,856	1,770,370
2070	1,267,274	201,996	19,303	1,488,573
2071	1,058,022	171,108	15,189	1,244,319
2072	877,198	144,056	12,112	1,033,366

Schedule SB Attachment (Form 5500)—2023 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 November 15, 2016.
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. On September 26, 2023, Moog paid one-time lump sums to settle future benefit obligations for 358 participants.
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	

Schedule SB Attachment (Form 5500)—2023 Plan Year

Moog Inc. Employees' Retirement Plan

EIN: 16-0757636 PN: 001

Vesting Service	Each participant shall receive one year of service for each plan year in which the participant completes 1,000 hours of service.
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	Amount of benefit: (a) + (b), subject to a minimum of (c): (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. (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. (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.
Normal Retirement Eligibility	Age 65.
Benefit	The accrued benefit.

Schedule SB Attachment (Form 5500)—2023 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).

Schedule SB Attachment (Form 5500)—2023 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Optional Forms	Joint and 100%, 75%, 66 $\frac{2}{3}$ %, 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)—2023 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)—2023 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)—2023 Plan Year

Moog Inc. Employees' Retirement Plan

EIN: 16-0757636 PN: 001

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)—2023 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.

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

Plan Changes Since the Prior Year

The plan was amended to provide a one-time lump sum opportunity for eligible plan participants in September 2023.

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

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Plan Name	Moog Inc. Employees' Retirement Plan
Plan Sponsor EIN	16-0757636
ERISA Plan No.	001
Plan Year End	9/30/2024

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)—2023 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 change:

- A change in the unlimited expected rate of return on assets from 6.50% to 7.25%.

This change was made to better reflect anticipated plan experience. This assumption change 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.