

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MOOG INC. EMPLOYEES' RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/30/1959
2a	Plan sponsor's name (employer, if for a single-employer plan) 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
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	Filed with authorized/valid electronic signature.	07/13/2026	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 ☒ 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 2288
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) 1215 6a(2) 1083 6b 812 6c 317 6d 2212 6e 62 6f 2274 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan MOOG INC. EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MOOG INC.	D Employer Identification Number (EIN) 16-0757636
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	472633334	
b	Actuarial value	2b	433121623	
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	719	179544545	179544545
b	For terminated vested participants	354	35625278	35625278
c	For active participants	1215	220662239	220836840
d	Total	2288	435832062	436006663
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.39 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	11855956	
b	Expected plan-related expenses	6b	806000	
c	Target normal cost	6c	12661956	

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 BENJAMIN W. GILDE Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17894 PO BOX 7505 FORT WASHINGTON, PA 19034 Address of the firm	06/25/2026 Date 26-08001 Most recent enrollment number 617-482-3100 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	56645896	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	14398183	0
9	Amount remaining (line 7 minus line 8)	42247713	0
10	Interest on line 9 using prior year's actual return of 24.44 %	10325341	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.29 %		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)	52573054	0

Part III Funding Percentages

14	Funding target attainment percentage	14	87.28 %
15	Adjusted funding target attainment percentage	15	87.28 %
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	104.00 %
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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	12661956	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	55458094	5155126	
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	17817082	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	17817082	0	17817082
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

☒

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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	403094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER INVESTMENTS LLC

30-0282430

(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	133323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC PORTFOLIO ASSOCIATES

1918 8TH AVENUE SUITE 3100
SEATTLE, WA 98101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	132594	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	127114	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILMINGTON TRUST

16-1486454

(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	95500	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

CAPITAL BANK AND TRUST COMPANY

P.O. BOX 6164
INDIANAPOLIS, 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	75969	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

MILLIMAN, INC.

1301 FIFTH AVENUE
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?
11 50	ACTUARIAL	40405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	15498	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LPL FINANCIAL

95-2834236

(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	7749	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	FREED MAXICK P.C.	b EIN:	45-4051133
c Position:	AUDIT FIRM		
d Address:	424 MAIN STREET SUITE 800 BUFFALO, NY 14202	e Telephone:	716-847-2651

Explanation: EFFECTIVE AUGUST 1, 2025, FREED MAXICK P.C. JOINED WITH WITHUMSMITH+BROWN PC. AS A RESULT OF THE MERGER, A CHANGE OF AUDIT FIRM IS BEING REPORTED FOR THE 2025 PLAN YEAR.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan MOOG INC. EMPLOYEES' RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MOOG INC.		D Employer Identification Number (EIN) 16-0757636

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: MERCER ACTIVE LONG CORP FX INCOME			
b Name of sponsor of entity listed in (a): MERCER INVESTMENTS LLC			
c EIN-PN 30-0282430-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167678814	
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER NON-US CORE EQUITY			
b Name of sponsor of entity listed in (a): MERCER INVESTMENTS LLC			
c EIN-PN 30-0282430-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58494944	
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER PASSIVE LONG GOVT FX INCOME			
b Name of sponsor of entity listed in (a): MERCER INVESTMENTS LLC			
c EIN-PN 30-0282430-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52956182	
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US LRG CAP CORE PASSIVE EQ			
b Name of sponsor of entity listed in (a): MERCER INVESTMENTS LLC			
c EIN-PN 30-0282430-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126092593	
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US SM/MID CAP EQUITY			
b Name of sponsor of entity listed in (a): MERCER INVESTMENTS LLC			
c EIN-PN 30-0282430-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16766327	
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERGING MARKETS INDEX			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-169	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24605929	
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP LONG DURATION CREDIT			
b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY			
c EIN-PN 95-6597294-293	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan MOOG INC. EMPLOYEES' RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOOG INC.		D Employer Identification Number (EIN) 16-0757636

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14253851	22088605
(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)	11398609	8739835
(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)	111830772	446594788
(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)	335446083	0
(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	472929315	477423228
Liabilities			
g Benefit claims payable	1g	285167	183485
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	285167	183485
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	472644148	477239743

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)	807036	
(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)	153596	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		960632
(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)	6633946	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6633946
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	904334934	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	922577862	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-18242928
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6338033	
(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)		4414317
(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)		22319934
c Other income	2c		110
d Total income. Add all income amounts in column (b) and enter total	2d		22424044

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16553617	
(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)		16553617
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	492248	
(6) Bank or trust company trustee/custodial fees	2i(6)	95500	
(7) Actuarial fees	2i(7)	443499	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	243585	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1274832
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17828449

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4595595
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: **WITHUMSMITH+BROWN, PC**

(2) EIN: **22-2027092**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 576988.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan MOOG INC. EMPLOYEES' RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOOG INC.		D Employer Identification Number (EIN) 16-0757636
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 16-0538020		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 5
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 47.0 % Private Equity: 2.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 51.0 %

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, 2025 and 2024
With Independent Auditor's Report**

MOOG INC. EMPLOYEES' RETIREMENT PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
YEARS ENDED SEPTEMBER 30, 2025 and 2024

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Independent Auditor's Report

To the Plan Administrator of
Moog Inc. Employees' Retirement Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

We have performed an audit of the financial statements of Moog Inc. Employees' Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of September 30, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certification from a qualified institution as of September 30, 2025, and for the year then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

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

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

Basis for Opinion on the 2025 Financial Statements

We conducted our audit 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 Moog Inc. Employees' Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2025 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2025 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 Moog Inc. Employees' Retirement 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 Moog Inc. Employees' Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

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

Auditors' Report on the 2024 Financial Statements

The financial statements of the Moog Inc. Employees' Retirement Plan as of September 30, 2024 were audited by Freed Maxick, P.C., who joined with WithumSmith+Brown, PC On August 1, 2025. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated July 11, 2025 indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 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). Their report also indicated that the form and content of the 2024 supplemental schedules, other than the information in the 2024 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 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 determines meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in blue ink that reads "WithumSmith+Brown, PC".

July 10, 2026

MOOG INC. EMPLOYEES' RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	September 30,	
	2025	2024
ASSETS		
Investments, at fair value	\$ 477,423,228	\$ 472,929,315
Total assets	477,423,228	472,929,315
LIABILITIES		
Accounts payable	183,485	285,167
Total liabilities	183,485	285,167
Net assets available for benefits	\$ 477,239,743	\$ 472,644,148

See accompanying Notes to Financial Statements.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended September 30,	
	2025	2024
ADDITIONS		
Investment income - interest and dividends	\$ 7,594,578	\$ 11,076,708
Net realized and unrealized appreciation in fair value of investments	14,829,466	84,091,919
Total additions	22,424,044	95,168,627
DEDUCTIONS		
Pension benefit payments	16,553,617	12,977,522
Administrative expenses	1,274,832	1,701,473
Total deductions	17,828,449	14,678,995
Net increase	4,595,595	80,489,632
Net assets available for benefits at beginning of year	472,644,148	392,154,516
Net assets available for benefits at end of year	\$ 477,239,743	\$ 472,644,148
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 \$345,000 and \$330,000 for the plan years ended September 30, 2025 and 2024, 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 __, 2026, 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 2025 and 2024.

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, 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, 2025 and September 30, 2024.

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: 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, 2025 and 2024:

Assets at Fair Value as of September 30, 2025:				
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Money market funds	\$ —	\$ 14,088,605	\$ —	\$ 14,088,605
Cash and cash equivalents	—	8,000,000	—	8,000,000
Total investments in fair value hierarchy	—	22,088,605	—	22,088,605
Investments measured at NAV practical expedient ⁽¹⁾				455,334,623
Total investments at fair value	\$ —	\$ 22,088,605	\$ —	\$ 477,423,228

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 funds	—	7,833,851	—	7,833,851
Cash and cash equivalents	—	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

- ⁽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, 2025 and 2024:

	Fair Value		Unfunded Commitments		Redemption Frequency	Redemption Notice Period
	2025	2024	2025	2024		
Collective investment trust	\$ 446,594,788	\$ 111,830,772	\$ —	\$ —	Daily	1-5 days
Limited partnerships ⁽¹⁾	8,739,835	11,398,609	3,272,796	3,779,276	Varies	10-45 days
Total	\$ 455,334,623	\$ 123,229,381	\$ 3,272,796	\$ 3,779,276		

- ⁽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 2025, the Plan entered into 8,426 futures contracts with a total notional amount of \$971,323,085. During 2024, the Plan entered into 6,259 futures contracts with a total notional amount of \$752,586,867.

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, 2025	2,048	Various 2025	\$ 239,325,896
September 30, 2024	1,447	Various 2024	181,546,409

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, 2025 and September 30, 2024:

	Realized Gains / (Losses)	Unrealized Gains / (Losses)
September 30, 2025	\$ 6,806,298	\$ (18,960,250)
September 30, 2024	4,109,213	7,089,949

6. Financial Certification

Investment information disclosed in the accompanying financial statements and schedules, including the fair value of investments and net realized and unrealized appreciation in fair value of investments, interest and dividends for the years ended September 30, 2025 and 2024, 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, 2025.

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, 2024
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 154,221,993
Participants with deferred benefits	28,279,554
Other participants	173,887,036
	356,388,583
Nonvested benefits	244,207
Total actuarial present value of accumulated plan benefits at end of year	\$ 356,632,790

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

	September 30, 2024
Actuarial present value of accumulated plan benefits at beginning of year	\$ 331,773,852
Increase (decrease) during the year attributable to:	
Benefits accumulated and losses	13,054,939
Interest accumulation	23,591,400
Benefits paid	(12,977,522)
Change in actuarial assumptions	1,190,121
Net increase	24,858,938
Actuarial present value of accumulated plan benefits at end of year	\$ 356,632,790

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, 2024 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, 2024, the following changes in actuarial assumptions from the prior year were made to reflect the results of the experience study during the 2023 plan year:

- A change in retirement rates for active employees to better reflect anticipated future experience;
- The benefit commencement assumption for future deferred vested benefits for early retirement eligible participants was updated from 100% assumed to commence immediately to 25% assumed to commence immediately and 75% assumed to commence at age 65; and
- The base salary assumption was updated from 3.00% to 2.50%.

Had the valuation been performed as of September 30, 2024, 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

EIN #16-0757636 Plan #001
Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)
September 30, 2025

Identity of Issuer/Description	Cost	Current Value
Money Market Fund		
Wilmington U.S. Treasury Money Market Fund*	\$ 14,088,605	\$ 14,088,605
	14,088,605	14,088,605
Cash and Cash Equivalents		
Goldman Sachs & Co.	8,000,000	8,000,000
	8,000,000	8,000,000
Collective Investment Trust		
Mercer Active Long Corporate Fixed Income*	160,134,333	167,678,814
Mercer Non-US Core Equity*	57,970,645	58,494,944
Mercer Passive Long Government Fixed Income*	52,483,255	52,956,182
Mercer US Large Cap Core Passive Equity*	125,063,223	126,092,593
Mercer US Small/Mid Cap Equity*	16,779,423	16,766,327
State Street Emerging Markets Index	24,692,447	24,605,928
	437,123,326	446,594,788
Limited Partnerships		
Blackstone Capital Partners VI	2,880,928	2,791,119
Blackstone Energy Partners LP	1,468,610	1,454,517
Private Equity Core Fund (QP) IV, LP	3,952,437	4,017,343
Vintage VI Manager LP	496,617	476,856
	8,798,592	8,739,835
Total investments		
	\$ 468,010,523	\$ 477,423,228

*Denotes a party-in-interest

This Schedule was prepared solely from information certified as complete and accurate by Wilmington Trust.
See Independent Auditor's Report.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

EIN #16-0757636 Plan #001
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended September 30, 2025

Identity of Party Involved	Description of Assets	Number of Shares	Purchase Price	Selling Price	Average Cost of Assets	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
Category i - Single Transactions in Excess of 5% of Plan Assets							
Mercer Non-US Core Equity*	Collective Investment Trust	1,425,716	50,598,650	—	50,598,650	50,598,650	—
Mercer US Large Cap Core Passive Equity*	Collective Investment Trust	1,394,468	111,041,480	—	111,041,480	111,041,480	—
Mercer Passive Long Government Fixed Income*	Collective Investment Trust	2,530,056	48,981,878	—	48,981,878	48,981,878	—
Mercer Active Long Corporate Fixed Income*	Collective Investment Trust	1,980,785	35,792,791	—	35,792,791	35,792,791	—
Mercer Active Long Corporate Fixed Income*	Collective Investment Trust	4,870,489	87,133,047	—	87,133,047	87,133,047	—
Vanguard Total International Stock Index Fund Institutional Shares	Registered Investment Co.	509,480	—	79,779,510	70,575,817	79,779,510	9,203,693
Vanguard Long-Term Investment-Grade Fund Admiral Shares	Registered Investment Co.	11,289,080	—	86,925,913	92,333,050	86,925,913	(5,407,137)
Vanguard Long-Term Treasury Index Institutional Shares	Registered Investment Co.	2,295,307	—	56,418,636	59,986,202	56,418,636	(3,567,566)
Vanguard Total Stock Market Index Fund Institutional Shares	Registered Investment Co.	414,935	55,671,874	—	55,671,874	55,671,874	—
Vanguard Total Stock Market Index Fund Institutional Shares	Registered Investment Co.	951,546	—	151,448,124	129,887,998	151,448,124	21,560,126
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	99,071,206	99,071,206	—	99,071,206	99,071,206	—
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	84,774,670	—	84,774,670	84,774,670	84,774,670	—
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	231,227,633	231,227,633	—	231,227,633	231,227,633	—
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	209,837,243	—	209,837,243	209,837,243	209,837,243	—
Capital Group Long Duration Credit Trust (US)	Collective Investment Trust	4,700,747	—	106,941,996	111,830,772	106,941,996	(4,888,776)
State Street Emerging Markets Index	Collective Investment Trust	527,549	24,692,447	—	24,692,447	24,692,447	—

*Denotes a party-in-interest

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See Independent Auditor's Report.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

EIN #16-0757636 Plan #001
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended September 30, 2025

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							
Mercer Non-US Core Equity*	Collective Investment Trust	2	57,970,645	—	57,970,645	57,970,645	—
Mercer US Large Cap Core Passive Equity*	Collective Investment Trust	2	125,063,223	—	125,063,223	125,063,223	—
Mercer Passive Long Government Fixed Income*	Collective Investment Trust	3	53,786,595	—	53,786,595	53,786,595	—
Mercer Passive Long Government Fixed Income*	Collective Investment Trust	2	—	1,270,200	1,303,340	1,270,200	(33,140)
Mercer Active Long Corporate Fixed Income*	Collective Investment Trust	6	164,391,788	—	164,391,788	164,391,788	—
Mercer Active Long Corporate Fixed Income*	Collective Investment Trust	2	—	4,122,226	4,257,456	4,122,226	(135,230)
Vanguard Total International Stock Index Fund Institutional Shares	Registered Investment Co.	7	9,828,932	—	9,828,932	9,828,932	—
Vanguard Total International Stock Index Fund Institutional Shares	Registered Investment Co.	13	—	88,234,296	79,160,089	88,234,296	9,074,207
Vanguard Long-Term Investment-Grade Fund Admiral Shares	Registered Investment Co.	6	2,303,477	—	2,303,477	2,303,477	—
Vanguard Long-Term Investment-Grade Fund Admiral Shares	Registered Investment Co.	10	—	90,555,224	96,167,652	90,555,224	(5,612,428)
Vanguard Long-Term Treasury Index Institutional Shares	Registered Investment Co.	6	1,205,890	—	1,205,890	1,205,890	—
Vanguard Long-Term Treasury Index Institutional Shares	Registered Investment Co.	5	—	57,281,573	60,916,856	57,281,573	(3,635,283)
Vanguard Total Stock Market Index Fund Institutional Shares	Registered Investment Co.	6	59,103,156	—	59,103,156	59,103,156	—
Vanguard Total Stock Market Index Fund Institutional Shares	Registered Investment Co.	22	—	174,801,891	152,504,641	174,801,891	22,297,250
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	213	547,824,630	—	547,824,630	547,824,630	—
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	223	—	542,037,757	542,037,757	542,037,757	—
Capital Group Long Duration Credit Trust (US)	Collective Investment Trust	1	—	106,941,996	111,830,772	106,941,996	(4,888,776)
State Street Emerging Markets Index	Collective Investment Trust	1	24,692,447	—	24,692,447	24,692,447	—

*Denotes a party-in-interest

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See Independent Auditor's Report.

Schedule SB Attachment (Form 5500) — 2024 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, 2024

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										
35-39					18	3				
40-44					67 \$47,968	19	4			
45-49					58 \$63,143	46 \$51,793	36 \$41,994	1		
50-54			1		59 \$75,764	41 \$72,199	64 \$76,916	14	4	
55-59					54 \$74,669	44 \$82,167	87 \$96,973	18	47 \$89,411	6
60-64					68 \$99,396	39 \$92,270	76 \$100,661	19	65 \$108,355	67 \$101,183
65-69					22 \$113,164	13	19	18	24 \$133,342	48 \$100,107
70+					5		3	3	3	17

N-1,215

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

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

For ERISA Requirements

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 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.93%
2nd Segment Rate	5.27%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2024), without regard to interest rate stabilization
1st Segment Rate	4.93%
2nd Segment Rate	5.27%
3rd Segment Rate	5.26%
Salary Increases	2.50% 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
Retirement Age	See Table 2 for retirements from active status Current vested deferred participants are assumed to commence at age 65.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Future vested deferred participants are assumed to commence at age 65 if the participant is not early retirement eligible at termination.

25% of future vested deferred participants who are early retirement eligible are assumed to commence immediately at termination. 75% of future vested deferred participants who are early retirement eligible are assumed to commence at age 65.

Flo-Tork

For actives, age 65 is the assumed retirement age.

Mortality Rates

Healthy and Disabled

2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).

Withdrawal Rates

See Table 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 60% of females have an eligible spouse, and that males are two years older than their spouses.

Valuation Compensation

2023 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 \$275,000 and the 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

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

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

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Expected Return on Assets

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%.
2024 Plan Year	7.25% The applicable third segment rate limitation is 5.59%.

Trust Expenses Included in Target Normal Cost \$575,000 plus anticipated PBGC premiums for 2024, rounded to the nearest \$1,000.

Actuarial Method Standard unit credit cost method

Valuation Date October 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Moog Inc. Employees' Retirement Plan
 EIN: 16-0757636 PN: 001

Actuarial Assumptions and Methods

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	2.50%	45	2.00%
16	2.50%	46	2.00%
17	2.50%	47	2.00%
18	2.50%	48	2.00%
19	2.50%	49	2.00%
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	0.50%
26	2.50%	56	0.50%
27	2.50%	57	0.50%
28	2.50%	58	0.50%
29	2.50%	59	0.50%
30	2.50%	60+	0.00%
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	2.00%		
41	2.00%		
42	2.00%		
43	2.00%		
44	2.00%		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Table 2

Retirement Rates

Age	Rate
55	2%
56	2%
57	2%
58	2%
59	5%
60	7%
61	10%
62	12%
63	15%
64	20%
65	35%
66	30%
67	25%
68	20%
69	25%
70	30%
71	100%

Schedule SB Attachment (Form 5500) — 2024 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 2024 This Form is Open to Public Inspection
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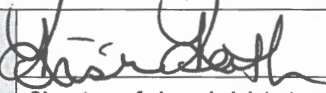
Part I Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☒ a single-employer plan	☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report	☐ the final return/report
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here:	☐	
D Check box if filing under:	☒ Form 5558	☐ automatic extension
	☐ 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	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	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 	7/13/26	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

MOOG INC. EMPLOYEES' RETIREMENT PLAN

EIN #16-0757636 Plan #001
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended September 30, 2025

Identity of Party Involved	Description of Assets	Number of Shares	Purchase Price	Selling Price	Average Cost of Assets	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
Category i - Single Transactions in Excess of 5% of Plan Assets							
Mercer Non-US Core Equity*	Collective Investment Trust	1,425,716	50,598,650	—	50,598,650	50,598,650	—
Mercer US Large Cap Core Passive Equity*	Collective Investment Trust	1,394,468	111,041,480	—	111,041,480	111,041,480	—
Mercer Passive Long Government Fixed Income*	Collective Investment Trust	2,530,056	48,981,878	—	48,981,878	48,981,878	—
Mercer Active Long Corporate Fixed Income*	Collective Investment Trust	1,980,785	35,792,791	—	35,792,791	35,792,791	—
Mercer Active Long Corporate Fixed Income*	Collective Investment Trust	4,870,489	87,133,047	—	87,133,047	87,133,047	—
Vanguard Total International Stock Index Fund Institutional Shares	Registered Investment Co.	509,480	—	79,779,510	70,575,817	79,779,510	9,203,693
Vanguard Long-Term Investment-Grade Fund Admiral Shares	Registered Investment Co.	11,289,080	—	86,925,913	92,333,050	86,925,913	(5,407,137)
Vanguard Long-Term Treasury Index Institutional Shares	Registered Investment Co.	2,295,307	—	56,418,636	59,986,202	56,418,636	(3,567,566)
Vanguard Total Stock Market Index Fund Institutional Shares	Registered Investment Co.	414,935	55,671,874	—	55,671,874	55,671,874	—
Vanguard Total Stock Market Index Fund Institutional Shares	Registered Investment Co.	951,546	—	151,448,124	129,887,998	151,448,124	21,560,126
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	99,071,206	99,071,206	—	99,071,206	99,071,206	—
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	84,774,670	—	84,774,670	84,774,670	84,774,670	—
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	231,227,633	231,227,633	—	231,227,633	231,227,633	—
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	209,837,243	—	209,837,243	209,837,243	209,837,243	—
Capital Group Long Duration Credit Trust (US)	Collective Investment Trust	4,700,747	—	106,941,996	111,830,772	106,941,996	(4,888,776)
State Street Emerging Markets Index	Collective Investment Trust	527,549	24,692,447	—	24,692,447	24,692,447	—

*Denotes a party-in-interest

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See Independent Auditor's Report.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

EIN #16-0757636 Plan #001
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended September 30, 2025

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							
Mercer Non-US Core Equity*	Collective Investment Trust	2	57,970,645	—	57,970,645	57,970,645	—
Mercer US Large Cap Core Passive Equity*	Collective Investment Trust	2	125,063,223	—	125,063,223	125,063,223	—
Mercer Passive Long Government Fixed Income*	Collective Investment Trust	3	53,786,595	—	53,786,595	53,786,595	—
Mercer Passive Long Government Fixed Income*	Collective Investment Trust	2	—	1,270,200	1,303,340	1,270,200	(33,140)
Mercer Active Long Corporate Fixed Income*	Collective Investment Trust	6	164,391,788	—	164,391,788	164,391,788	—
Mercer Active Long Corporate Fixed Income*	Collective Investment Trust	2	—	4,122,226	4,257,456	4,122,226	(135,230)
Vanguard Total International Stock Index Fund Institutional Shares	Registered Investment Co.	7	9,828,932	—	9,828,932	9,828,932	—
Vanguard Total International Stock Index Fund Institutional Shares	Registered Investment Co.	13	—	88,234,296	79,160,089	88,234,296	9,074,207
Vanguard Long-Term Investment-Grade Fund Admiral Shares	Registered Investment Co.	6	2,303,477	—	2,303,477	2,303,477	—
Vanguard Long-Term Investment-Grade Fund Admiral Shares	Registered Investment Co.	10	—	90,555,224	96,167,652	90,555,224	(5,612,428)
Vanguard Long-Term Treasury Index Institutional Shares	Registered Investment Co.	6	1,205,890	—	1,205,890	1,205,890	—
Vanguard Long-Term Treasury Index Institutional Shares	Registered Investment Co.	5	—	57,281,573	60,916,856	57,281,573	(3,635,283)
Vanguard Total Stock Market Index Fund Institutional Shares	Registered Investment Co.	6	59,103,156	—	59,103,156	59,103,156	—
Vanguard Total Stock Market Index Fund Institutional Shares	Registered Investment Co.	22	—	174,801,891	152,504,641	174,801,891	22,297,250
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	213	547,824,630	—	547,824,630	547,824,630	—
Wilmington U.S. Treasury Money Market Fund*	Money Market Fund	223	—	542,037,757	542,037,757	542,037,757	—
Capital Group Long Duration Credit Trust (US)	Collective Investment Trust	1	—	106,941,996	111,830,772	106,941,996	(4,888,776)
State Street Emerging Markets Index	Collective Investment Trust	1	24,692,447	—	24,692,447	24,692,447	—

*Denotes a party-in-interest

This Schedule was prepared solely from information certified as complete and accurate by Wilmington Trust.
See Independent Auditor's Report.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

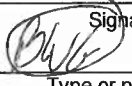
▶ **Round off amounts to nearest dollar.**

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

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

Part I	Basic Information
1 Enter the valuation date: Month 10 Day 01 Year 2024	
2 Assets:	
a Market value	2a 472,633,334
b Actuarial value	2b 433,121,623
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 719 (2) Vested Funding Target 179,544,545 (3) Total Funding Target 179,544,545
b For terminated vested participants	354 35,625,278 35,625,278
c For active participants	1,215 220,662,239 220,836,840
d Total	2,288 435,832,062 436,006,663
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 5.39%
6 Target normal cost	
a Present value of current plan year accruals	6a 11,855,956
b Expected plan-related expenses	6b 806,000
c Target normal cost	6c 12,661,956

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

SIGN HERE	BENJAMIN W. GILDE	06/25/2026
	 Signature of actuary	Date
	BENJAMIN W. GILDE	2608001
	Type or print name of actuary	Most recent enrollment number
AON CONSULTING, INC.	Firm name	617-482-3100
		Telephone number (including area code)
MSC# 17894 PO BOX 7505 FORT WASHINGTON PA 19034	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) 2024 v. 240311**

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)	56,645,896	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	14,398,183	0
9 Amount remaining (line 7 minus line 8)	42,247,713	0
10 Interest on line 9 using prior year's actual return of <u>24.44</u> %	10,325,341	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>5.29</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)	52,573,054	0

Part III Funding Percentages

14 Funding target attainment percentage	14	87.28 %
15 Adjusted funding target attainment percentage	15	87.28 %
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	104.00 %
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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	12,661,956	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	55,458,094	5,155,126	
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	17,817,082	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	17,817,082	0	17,817,082
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) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100 percent 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	5.00%	0.9224	2.74
60.5	7.00%	0.8762	3.71
61.5	10.00%	0.8149	5.01
62.5	12.00%	0.7334	5.50
63.5	15.00%	0.6454	6.15
64.5	20.00%	0.5486	7.08
65.5	35.00%	0.4389	10.06
66.5	30.00%	0.2853	5.69
67.5	25.00%	0.1997	3.37
68.5	20.00%	0.1498	2.05
69.5	25.00%	0.1198	2.08
70.5	30.00%	0.0899	1.90
71	100.00%	0.0629	4.47
Weighted Average 64.23			

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,736,218	499,092	14,433,988	16,669,298
2025	3,816,819	844,179	14,335,968	18,996,966
2026	6,054,822	1,194,228	14,227,681	21,476,731
2027	8,226,757	1,555,333	14,107,318	23,889,408
2028	10,218,684	1,763,283	13,973,601	25,955,568
2029	12,089,611	2,127,563	13,825,005	28,042,179
2030	13,677,882	2,255,277	13,658,580	29,591,739
2031	14,934,994	2,553,020	13,466,146	30,954,160
2032	16,017,978	2,579,051	13,256,649	31,853,678
2033	16,875,297	2,683,016	13,022,956	32,581,269
2034	17,561,862	2,769,384	12,764,987	33,096,233
2035	18,256,948	2,827,644	12,480,270	33,564,862
2036	18,833,733	3,014,584	12,165,687	34,014,004
2037	19,149,215	2,933,119	11,819,428	33,901,762
2038	19,316,989	2,911,559	11,439,975	33,668,523
2039	19,354,869	2,916,298	11,026,161	33,297,328
2040	19,389,844	2,986,587	10,577,233	32,953,664
2041	19,238,794	2,912,466	10,092,925	32,244,185
2042	19,091,725	2,936,770	9,573,641	31,602,136
2043	18,849,067	2,836,042	9,020,608	30,705,717
2044	18,589,326	2,820,990	8,436,130	29,846,446
2045	18,190,814	2,766,033	7,823,933	28,780,780
2046	17,676,995	2,676,008	7,189,410	27,542,413
2047	17,104,931	2,594,124	6,539,856	26,238,911
2048	16,458,933	2,490,494	5,884,368	24,833,795
2049	15,743,050	2,391,699	5,233,379	23,368,128
2050	14,984,398	2,292,469	4,597,914	21,874,781
2051	14,170,189	2,188,989	3,988,681	20,347,859
2052	13,292,890	2,060,612	3,415,422	18,768,924
2053	12,393,345	1,899,701	2,886,202	17,179,248
2054	11,489,069	1,771,731	2,406,876	15,667,676
2055	10,581,610	1,619,693	1,980,917	14,182,220
2056	9,688,104	1,480,884	1,609,439	12,778,427
2057	8,817,586	1,345,201	1,291,458	11,454,245
2058	7,977,864	1,214,242	1,024,229	10,216,335

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	7,178,022	1,089,397	803,639	9,071,058
2060	6,423,926	971,777	624,656	8,020,359
2061	5,718,825	862,203	481,773	7,062,801
2062	5,065,536	761,177	369,425	6,196,138
2063	4,465,082	668,904	282,292	5,416,278
2064	3,917,282	585,316	215,518	4,718,116
2065	3,420,908	510,140	164,833	4,095,881
2066	2,973,890	442,962	126,630	3,543,482
2067	2,573,503	383,229	97,936	3,054,668
2068	2,216,583	330,329	76,383	2,623,295
2069	1,899,794	283,629	60,138	2,243,561
2070	1,619,743	242,509	47,807	1,910,059
2071	1,373,155	206,395	38,356	1,617,906
2072	1,156,925	174,749	31,025	1,362,699
2073	968,153	147,084	25,265	1,140,502

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

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

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Credited Service

Prior Service

Continuous service (completed months) from hire to September 30, 1990.

Future Service

Continuous service (completed months) subsequent to September 30, 1990.

Compensation

Prior Service

Prior service compensation is the greater of the January 1, 1988 base rate of pay of the pay received in the calendar year ending December 31, 1989 plus any shift differential or overtime but excluding any other compensation.

Current

Compensation is base pay plus shift differential and overtime received in the calendar year ending in the plan year.

Accrued Benefit

Amount of benefit: (1) + (2), subject to a minimum of (3):

- (1) 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.
- (2) 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.
- (3) 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

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.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

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).

Optional Forms

Joint and 100%, 75%, 66 $\frac{2}{3}$ %, 50% contingent annuitant;
Social Security level option;
Term certain and life.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

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) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Provisions Applicable to Flo-Tork Participants

Plan Status

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.

Effective January 1, 2007, future accruals were eliminated for non-union employees.

As of December 1, 2018, future accruals were eliminated for all participants.

Eligibility

Hourly employees of the company, including members of Local #15811AM. Non-union employees no longer accrue benefits as of January 1, 2007.

Participation

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.

Employee Contributions

None — Employer pays for full cost of the plan.

Service

Vesting Service

One year of credit for each plan year with 1,000 or more hours of service.

Credited Service

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.

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

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Plan Years Beginning December 1	Benefit Rate
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

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.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

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.
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

There have been no plan changes in the valuations since the prior year.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

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.

MOOG INC. EMPLOYEES' RETIREMENT PLAN

EIN #16-0757636 Plan #001
Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)
September 30, 2025

Identity of Issuer/Description	Cost	Current Value
Money Market Fund		
Wilmington U.S. Treasury Money Market Fund*	\$ 14,088,605	\$ 14,088,605
	14,088,605	14,088,605
Cash and Cash Equivalents		
Goldman Sachs & Co.	8,000,000	8,000,000
	8,000,000	8,000,000
Collective Investment Trust		
Mercer Active Long Corporate Fixed Income*	160,134,333	167,678,814
Mercer Non-US Core Equity*	57,970,645	58,494,944
Mercer Passive Long Government Fixed Income*	52,483,255	52,956,182
Mercer US Large Cap Core Passive Equity*	125,063,223	126,092,593
Mercer US Small/Mid Cap Equity*	16,779,423	16,766,327
State Street Emerging Markets Index	24,692,447	24,605,928
	437,123,326	446,594,788
Limited Partnerships		
Blackstone Capital Partners VI	2,880,928	2,791,119
Blackstone Energy Partners LP	1,468,610	1,454,517
Private Equity Core Fund (QP) IV, LP	3,952,437	4,017,343
Vintage VI Manager LP	496,617	476,856
	8,798,592	8,739,835
Total investments		
	\$ 468,010,523	\$ 477,423,228

*Denotes a party-in-interest

This Schedule was prepared solely from information certified as complete and accurate by Wilmington Trust.
See Independent Auditor's Report.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 55,458,094	October 1, 2024	15	\$ 5,155,126

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Moog Inc. Employees' Retirement Plan
EIN: 16-0757636 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the retirement rates for active employees to better reflect anticipated future experience as the result of an assumption study conducted during the 2023 plan year.
- The benefit commencement assumption for future deferred vested benefits for early retirement eligible participants was updated from 100 percent assumed to commence immediately to 25 percent assumed to commence immediately and 75 percent assumed to commence at age 65. These changes were made to reflect the results of the experience study during the 2023 plan year.
- The assumed percent of future decrementing active participants that have an eligible spouse was updated from 80 percent to 60 percent, to reflect the results of the experience study during the 2023 plan year.
- The assumed age difference between future decrementing active participants and their spouse was updated from males being 3 years older to 2 years older, to reflect the results of the experience study during the 2023 plan year.
- The base salary increase assumption was updated from 3.00 percent to 2.50 percent. The merit increases included in the salary scale were updated to better reflect anticipated future experience as the result of the experience study during the 2023 plan year.

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