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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                       |                                                                                                                                                                                                                                             |                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                       |                                                                                                                                                                                                                                             |                                           |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                       |                                                                                                                                                                                                                                             |                                           |
| <b>A</b>                                                                                                 | This return/report is for:                                                                            | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)               |                                           |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan                                            | <input type="checkbox"/> a DFE (specify) ____                                                                                                                                                                                               |                                           |
| <b>B</b>                                                                                                 | This return/report is:                                                                                | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |                                           |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                             |                                           |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                            | <input checked="" type="checkbox"/> Form 5558<br><input type="checkbox"/> automatic extension<br><input type="checkbox"/> special extension (enter description)                                                                             | <input type="checkbox"/> the DFVC program |

|                |                                                                                                                                                                                                                                                                                                                                                          |           |                                                           |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                           |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC. RETIREMENT &amp; SAVINGS PLAN</u>                                                                                                                                                                                                                                                                   | <b>1b</b> | Three-digit plan number (PN) ▶ <u>001</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                          | <b>1c</b> | Effective date of plan<br><u>06/17/2005</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC.</u><br><br><u>3801 S. OLIVER</u><br><u>WICHITA, KS 67210</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>20-2436320</u> |
|                |                                                                                                                                                                                                                                                                                                                                                          | <b>2c</b> | Plan Sponsor's telephone number<br><u>316-523-5730</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                          | <b>2d</b> | Business code (see instructions)<br><u>551112</u>         |

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

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

|              |                                                   |            |                                                              |
|--------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/11/2019 | JASON HOHL                                                   |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/11/2019 | JASON HOHL                                                   |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 8648                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 7765<br><b>6a(2)</b> 7854<br><b>6b</b> 21<br><b>6c</b> 799<br><b>6d</b> 8674<br><b>6e</b> 34<br><b>6f</b> 8708<br><b>6g</b> 5756<br><b>6h</b> 85    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 3H 2S 2T 2K<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2018                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                             |                                                      |     |
|---------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018  |                                                      |     |
| A Name of plan<br>SPIRIT AEROSYSTEMS HOLDINGS, INC. RETIREMENT & SAVINGS PLAN               | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SPIRIT AEROSYSTEMS HOLDINGS, INC. | D Employer Identification Number (EIN)<br>20-2436320 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| VOYA INSTITUTIONAL PLAN SERVICES                                                                           |
| 04-3516284                                                                                                 |

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (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 |
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**(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

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**(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

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

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

VOYA RETIREMENT ADVISORS LLC

22-1862786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26                     | INVEST ADVISOR                                                                                    | 391823                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

VOYA INSTITUTIONAL PLAN SERVICES

04-3516284

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 64                  | RECORD KEEPER                                                                                     | 380173                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MERCER

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 25476                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection.</b> |
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                                  |                                                                            |            |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC. RETIREMENT &amp; SAVINGS PLAN</u>                  | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-2436320</u>         |            |

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

|                                                                                       |                               |                                                                                                                                                        |
|---------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA RUSSELL 2000 INDEX</u>         |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u> |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>04-0025081-013</u>                                                 | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>35587017</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA PASSIVE BOND MARKET</u>        |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u> |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>04-0025081-071</u>                                                 | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>39022789</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET INCOME</u>              |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u> |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>90-0337987-186</u>                                                 | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>5853469</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET 2060</u>                |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u> |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>90-0337987-208</u>                                                 | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1158059</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET 2015</u>                |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u> |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>90-0337987-190</u>                                                 | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1810204</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET 2020</u>                |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u> |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>90-0337987-192</u>                                                 | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>51066007</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET 2025</u>                |                               |                                                                                                                                                        |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u> |                               |                                                                                                                                                        |
| <b>c</b> EIN-PN <u>90-0337987-194</u>                                                 | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>17609648</u></span> |

|                                                                                    |                        |                                                                                                               |
|------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET 2030                    |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0337987-196                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46370241  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET 2035                    |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0337987-198                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7460165   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET 2040                    |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0337987-200                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25775451  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET 2045                    |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0337987-202                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7097221   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET 2050                    |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0337987-204                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7927770   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 INDEX                  |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0337987-306                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117113994 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MID CAP 400 INDEX          |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0337987-176                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58607442  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US INFLATION PROTECTED BOND IN |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0337987-168                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6016691   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE            |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): WELLS FARGO                      |                        |                                                                                                               |
| <b>c</b> EIN-PN 46-6209703-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 143984967 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET 2055                    |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0337987-206                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1754299   |

**Part II Information on Participating Plans (to be completed by DFEs)**

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>SPIRIT AEROSYSTEMS HOLDINGS, INC. RETIREMENT &amp; SAVINGS PLAN</b>                                                                                                                                                                          |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SPIRIT AEROSYSTEMS HOLDINGS, INC.</b>                                                                                                                                                                |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><b>20-2436320</b>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 14469439              | 15111173        |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 15202703              | 14708998        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 575516080             | 574215433       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 254432103             | 231407130       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 859620325             | 835442734       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 859620325 | 835442734 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 35639950   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 39873586   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 3790749    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 79304285  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 529680     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 529680    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 16705293   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 16705293  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | -26282314 |
| (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) |            | -43438812 |
| c Other income.....                                                                            | 2c     |            | 367204    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | 27185336  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 50495484 |          |
| (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) |          | 50495484 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          | 12319    |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          | 57652    |
| h Interest expense.....                                                              | 2h    |          |          |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2) |          |          |
| (3) Investment advisory and management fees.....                                     | 2i(3) |          |          |
| (4) Other .....                                                                      | 2i(4) | 797472   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 797472   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 51362927 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -24177591 |
| 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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: ALLEN GIBBS & HOULIK L.C.

(2) EIN: 48-1032601

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |        |

**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** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_. (See instructions.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                           |                                                                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC. RETIREMENT &amp; SAVINGS PLAN</u>           | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-2436320</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> |  |
| <b>2</b> 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):<br><br>EIN(s): <u>04-3581074</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |  |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2018  
v. 171027

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

**a** The current year .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****14c**

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

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

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

**15a****15b**

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

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

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

**16a****16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_ % Investment-Grade Debt: \_\_\_\_\_ % High-Yield Debt: \_\_\_\_\_ % Real Estate: \_\_\_\_\_ % Other: \_\_\_\_\_ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Retirement Committee  
**Spirit AeroSystems Holdings, Inc.**  
**Retirement and Savings Plan**

This letter is to inform the Retirement Committee of Spirit AeroSystems Holdings, Inc. Retirement and Savings Plan (Plan) about significant matters related to the conduct of our audit as of and for the year ended December 31, 2018, so that it can appropriately discharge its oversight responsibility and we comply with our professional responsibilities.

This report is intended solely for the information and use of the Retirement Committee and is not intended to be, and should not be, used by anyone other than this specified party.

This letter includes other comments and suggestions with respect to matters that came to our attention in connection with our audit of the Plan's financial statements. These items are offered as constructive suggestions to be considered part of the ongoing process of modifying and improving the Plan's practices and procedures.

The following summarizes various matters that must be communicated to you under auditing standards generally accepted in the United States of America.

**The Responsibilities of the Auditor and Management**

Our responsibility under auditing standards generally accepted in the United States of America has been described to you in our arrangement letter dated January 16, 2019. The audit of the financial statements does not relieve management or those charged with governance of their responsibilities, which are also described in that letter.

**Overview of the Planned Scope and Timing of the Financial Statement Audit**

We have issued a separate communication dated January 16, 2019 regarding the planned scope and timing of our audit and have discussed with you our identification of, and planned audit response to, significant risks of material misstatement.

**Significant Accounting Practices, Including Policies, Estimates and Disclosures**

Our views about the qualitative aspects of the Plan's significant accounting practices, including accounting policies, accounting estimates and financial statement disclosures are indicated herein, which you may wish to monitor for your oversight responsibilities of the financial reporting process:

Adoption of, or Change in, Accounting Policies - Management has the ultimate responsibility for the appropriateness of the accounting policies used by the Plan, and management may select among alternative accounting practices in certain circumstances. The Plan did not adopt any significant new accounting policies, nor have there been any changes in existing significant accounting policies during the current year.

Significant or Unusual Transactions - We did not identify any significant or unusual transactions or significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

Management's Judgments and Accounting Estimates - Accounting estimates are an integral part of the preparation of financial statements and are based upon management's current judgment. The process used by management encompasses their knowledge and experience about past and current events,

and certain assumptions about future events. You may wish to monitor throughout the year the process used to determine and record these accounting estimates. The following describes the significant accounting estimates reflected in the Plan's financial statements.

The valuation of investments at fair value is an accounting estimate. The following is a description of the valuation methodologies used by management for investments measured at fair value:

#### *Mutual Funds*

These investments are valued using a quoted price in an active market.

#### *Collective Investment Trusts*

These investments are not quoted in an active market; rather they are public investment vehicles valued using market prices and performance of the fund. The trust allocates notional units to the policy holder based on the underlying notional unit buy (offer) price using the middle market price plus transaction costs.

#### *Stable Value Fund*

These investments are in a diversified portfolio of investment contracts and security-backed contracts.

We relied on the investment information prepared and certified by the Voya Institutional Trust Company as a basis for our conclusion on the reasonableness of the estimate.

### **Audit Adjustments**

There were no audit adjustments made to the original trial balance presented to us to begin our audit.

### **Uncorrected Misstatements**

We are not aware of any uncorrected misstatements.

### **Other Information in Documents Containing Audited Financial Statements**

Our responsibility for other information in documents containing the Plan's audited financial statements is to read the information and consider whether its content or manner of its presentation is materially inconsistent with the financial information covered by our auditor's report or whether it contains a material misstatement of fact. We read the Plan's Form 5500 filing for consistency with information in the financial statements. We have provided our comments to management. We are not aware of other documents that contain the audited financial statements. We did not identify material inconsistencies with the audited financial statements.

### **Supplemental Schedule**

With respect to the supplemental schedule accompanying the financial statements, we made certain inquiries of management and evaluated the form, content and methods of preparing the information to determine that the information complies with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the method of preparing it had not changed from the prior period, and the information is appropriate and complete.

### **Management Representations**

In connection with our audit procedures, we have obtained a written management representation letter. This representation letter constitutes written acknowledgments by management that it has the primary responsibility for the fair presentation of the financial statements in conformity with generally accepted accounting principles and also includes the more significant and specific oral representations made by officers and employees during the course of the audit. The letter is intended to reduce the possibility of misunderstandings between us and the Plan and reminds the signing officers to consider seriously whether all material liabilities, commitments and contingencies or other important financial information have been brought to our attention.

### **Other Disclosures**

We did not discuss with management any alternative treatments within generally accepted accounting principles for accounting policies and practices related to material items during the current audit year; we encountered no disagreements with management over the application of significant accounting principles, the basis for management's judgments on any significant matters, the scope of the audit or significant disclosures to be included in the financial statements; we are not aware of any consultations management had with other accountants about accounting or auditing matters; no major issues were discussed with management prior to our appointment; and we did not encounter any difficulties in dealing with management relating to the performance of the audit.

### **Internal Control Matters**

In planning and performing our audit of the financial statements of the Plan as of and for the year ended December 31, 2018, in accordance with auditing standards generally accepted in the United States of America, we considered the Plan's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Following is a description of the identified deficiency in internal control that we determined did not constitute significant deficiencies or material weaknesses:

- During the audit, it was noted that there is not a formal procedure in place to review the SOC 1 reports for the service providers for the Plan by the Plan Administrator. Since a significant amount of the processing of Plan transactions is performed by service organizations, it is imperative that Plan management document the procedures at these service organizations on a consistent basis and document such review in detail as part of due diligence in operating the Plan.

We recommend documenting that the description of the controls listed within the SOC 1 report covers all significant transactions, processes or computer applications that affect the Plan's financial statements. In addition, if the SOC 1 report identifies noncompliance of the service organization's controls, consideration should be made as to the effects of the findings on the Plan's operations. In the instance of noncompliance, complementary controls for the Plan should be documented and enhanced as necessary. Listing the exceptions and the response of the service organizations' management alone is not sufficient. Plan management must document its own conclusions.

Another item that the Plan Sponsor should document, in detail, is user controls. The report identifies controls for which Plan personnel are responsible and these are typically referred to as "Client Control Considerations". Client controls are complementary to the controls of the service organization and are necessary for the service organizations' controls to be achieved.

## **Other Matters**

### *Future Accounting Topics*

The Auditing Standards Board of the AICPA, with participation from the Department of Labor, has issued Statement on Auditing Standards (SAS) No. 136, *Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans Subject to Employee Retirement Income Security Act of 1974 (ERISA)*. This new standard prescribes new performance requirements for an audit of financial statements of employee benefit plans subject to ERISA and changes the form and content of the auditor's report.

The new standard also requires a change in the basis for limitation on the scope of the audit, formerly referred to as limited-scope audit and renaming to *ERISA section 103(a)(3)(C) Report* and expanded management and auditor responsibilities. The effective date of this new standard will be effective for audits of financial statements for periods ending on or after December 15, 2020.

### *Cybersecurity and 401(k) Plans*

The presence of identity theft, social engineering and other cyber related crimes in employee benefit plans continues to be on the rise. Many of the cyber-attacks on these types of plans are in the form of social engineering where attempts are being made on employers, third-party administrators and trustees to release someone else's retirement funds. In addition to personal and participant information being obtained through data breaches, calls to custodian help desks posing as a participant requesting hardship or in-service withdrawals occur daily. We believe a cyber safety review and control assessment be completed by the Plan Sponsor on all parties that perform any services for the Plan.

### *Information Security Governance*

Owners, executive managers and those charged with governance must be confident that the entity is protecting your information and the systems that process it. The potential impacts of a failure in the availability, confidentiality, or integrity of your critical information assets is monumental in today's environment of cybersecurity breaches.

Many organizations believe their information security practices are adequately mitigating their risks. Unfortunately, they are often surprised to discover those practices are failing to perform as expected and the consequences are usually severe. Information security is more than a technology issue. It is a governance and management challenge that involves risk management, accountability and reporting. And it requires executive stewardship to ensure the timely assessment of emerging threats and your organization's effective response to them.

Additional information on “Information Risk is Business Risk” can be accessed through our AGH University website located at <http://www.aghuniversity.com/webinars/archived/archived-webinars.aspx> (from the “select a topic” drop-down box, select Information Technology). Additionally, we encourage your management team to take advantage of peer networking groups, trade associations or other resources relating to IT and information risk and the most recent best practices as the constant risk evolves.

Additionally, a structured assessment can help you develop stronger, better and more systematic approaches to your information security. It will help you clearly and objectively understand the strengths and weaknesses in your current information security processes and the extent to which those processes are meeting your needs. Most important, it will guide you with recommendations to help you protect your information, facilities, people and technology.

We believe a review or assessment must be completed on a periodic basis; this assessment can be completed internally or by using an outsourced service provider. Owners and executive managers should be involved with the review and summary reports should also be shared with those charged with governance.

### Vulnerability Assessment

In addition to a periodic information system governance review, the entity should also conduct periodic (at least annually or semi-annually) vulnerability assessments. There are more than 100,000 known network vulnerabilities that can leave organizations open to significant risk. High-profile security breaches have become commonplace and many companies are susceptible to the same failures.

Network vulnerability assessments can help you identify and resolve your vulnerabilities before they are exploited by cybercriminals. AGH’s experienced security professionals use network vulnerability assessments to discover and analyze known flaws and weaknesses.

Using automated scanners – along with their experience and judgment – our security professionals will identify existing vulnerabilities, evaluate their severity and recommend steps for fixing the underlying problems.

### AGHUniversity Resources

As part of AGH’s ongoing commitment to serve as a trusted advisor, we offer these resources as a key part of the additional value AGH provides beyond the engagement itself:

- AGHUniversity.com – a full schedule of complimentary CPE or current and relevant topics and other updates to clients throughout the year. Free registration and webinars are available for the Company’s staff and board members at [aghuniversity.com](http://aghuniversity.com). A sample of recent topics include Management and Key Position Succession Planning; Destroying the Myths about Employee Engagement; Preventing Fraud in Small and Medium Sized Organizations; Measuring What Matters in Your 401K Plan to Recruitment, Retention and Reward; Planning The Transition: Taking Your Company To Market; and The How and Why of Business Valuations.
- AGH alerts and newsletters – this includes periodic mailings or emails to alert clients to new accounting standards or regulatory changes.

**Closing**

We will be pleased to respond to any questions you have about this report or set up an introductory meeting to discuss the other recommendations at no charge. We appreciate the opportunity to continue to be of service to the Spirit AeroSystems Holdings, Inc. Retirement and Savings Plan.

*Allen, Gibbs & Houlik, L.C.*  
CERTIFIED PUBLIC ACCOUNTANTS

September 30, 2019  
Wichita, KS

***SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN***

FINANCIAL STATEMENTS  
WITH SUPPLEMENTAL SCHEDULE

YEAR ENDED DECEMBER 31, 2018

WITH

INDEPENDENT AUDITOR'S REPORT



SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN

FINANCIAL STATEMENTS  
WITH SUPPLEMENTAL SCHEDULE

YEAR ENDED DECEMBER 31, 2018

WITH

INDEPENDENT AUDITOR'S REPORT

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**FINANCIAL STATEMENTS  
WITH SUPPLEMENTAL SCHEDULE**

Year Ended December 31, 2018

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All other supplemental schedules required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are not applicable.

*This is a copy of the Plan's annual financial statements reproduced  
from an electronic file. An original copy of this document  
is available at the Company's office.*

## INDEPENDENT AUDITOR'S REPORT

Retirement Committee  
**Spirit AeroSystems Holdings, Inc.**  
**Retirement and Savings Plan**

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Spirit AeroSystems Holdings, Inc. Retirement and Savings Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Voya Institutional Trust Company (Voya), except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that Voya holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from Voya as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the Plan Administrator by Voya is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

*Allen, Gibbs & Houlik, L.C.*  
CERTIFIED PUBLIC ACCOUNTANTS

September 30, 2019  
Wichita, Kansas

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2018 and 2017

|                                          | <u>2018</u>                  | <u>2017</u>                  |
|------------------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                            |                              |                              |
| Investments at fair value                | <b>\$ 805,622,563</b>        | \$ 829,948,183               |
| Notes receivable from participants       | <b>14,708,998</b>            | 15,202,703                   |
| Employer contribution receivable         | <b>15,111,173</b>            | 14,469,439                   |
| <b>Net assets available for benefits</b> | <b><u>\$ 835,442,734</u></b> | <b><u>\$ 859,620,325</u></b> |

The accompanying notes are an integral  
part of these financial statements.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2018

**Additions to net assets attributed to:**

Investment income (loss):

|                                         |                 |
|-----------------------------------------|-----------------|
| Net change in fair value of investments | \$ (69,721,126) |
| Dividends                               | 16,705,293      |
| Other income                            | <u>367,204</u>  |

(52,648,629)

|                                                       |                |
|-------------------------------------------------------|----------------|
| Interest income on notes receivable from participants | <u>529,680</u> |
|-------------------------------------------------------|----------------|

Contributions:

|             |                  |
|-------------|------------------|
| Participant | 39,873,586       |
| Employer    | 35,639,950       |
| Rollovers   | <u>3,790,749</u> |

79,304,285

|                        |                          |
|------------------------|--------------------------|
| <b>Total additions</b> | <u><b>27,185,336</b></u> |
|------------------------|--------------------------|

**Deductions from net assets attributed to:**

|                     |                |
|---------------------|----------------|
| Benefits paid       | 50,565,455     |
| Administrative fees | <u>797,472</u> |

|                         |                          |
|-------------------------|--------------------------|
| <b>Total deductions</b> | <u><b>51,362,927</b></u> |
|-------------------------|--------------------------|

|                   |                     |
|-------------------|---------------------|
| <b>Net change</b> | <b>(24,177,591)</b> |
|-------------------|---------------------|

**Net assets available for benefits:**

|                   |                    |
|-------------------|--------------------|
| Beginning of year | <u>859,620,325</u> |
|-------------------|--------------------|

|                    |                              |
|--------------------|------------------------------|
| <b>End of year</b> | <u><b>\$ 835,442,734</b></u> |
|--------------------|------------------------------|

The accompanying notes are an integral  
part of these financial statements.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**1. DESCRIPTION OF PLAN**

The following description of the Spirit AeroSystems Holdings, Inc. Retirement and Savings Plan (Plan) provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions. The Retirement Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investments offerings and monitors investment performance.

Eligibility - The Plan is a defined contribution plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), covering all eligible employees of Spirit AeroSystems Holdings, Inc. (Company), except for employees covered by collective bargaining agreements which provide for the exclusion from participation in the Plan. Eligible employees can become participants in the Plan as of the entry date coincident with the participant's date of hire by the Company. Employees are automatically enrolled in the Plan 60 days after the date of hire, at a pre-tax deferral rate of 3%; unless prior to that time such participant has made an alternative contribution election. Those participants currently enrolled at the automatic pre-tax deferral rate of 3% are subject to an automatic escalation of 1% per year on their annual anniversary date of enrollment until such default rate reaches a maximum of 8%.

Contributions - Participants may make pre-tax and after-tax contributions up to 50% and 15%, respectively, of compensation as defined in the Plan, up to a maximum allowed by the Internal Revenue Code (\$18,500 for 2018). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions (\$6,000 for 2018). However, in no event shall the sum of such participant's pre-tax and after-tax contributions exceed 50% of compensation. The Company provides matching contributions equal to 75% up to 8% of all eligible participants' contributions. The Plan also accepts rollover contributions from certain other qualified plans for eligible participants.

The Company also makes additional contributions as of the last day of the year for participants who are credited with a year of vesting service and are employed on the last day of the year. The additional contributions are a fixed percentage, ranging from 1.5% to 4.5% of compensation depending upon union status and the participant's attained age and years of vesting service on the last day of the year.

In addition, the Company makes transitional contributions to participants who did not elect to retire under the predecessor employer plan as of June 17, 2005 and are non-union participants, or participants represented by the Society of Professional Engineering Employees in Aerospace, Wichita Engineering Unit, or Society of Professional Engineering Employees in Aerospace, Wichita Technical and Professional Unit. Transitional contributions are based on years of service that result in a fixed transitional contribution rate ranging from 1.5% to 3.5% of eligible compensation for each subsequent year the participant remains employed on the last day of the Plan year. Participants only receive the transitional contribution for subsequent years up to the years of vested service accumulated as of June 17, 2005. Transitional contributions cease with the Plan year ending 2019.

Participant Accounts - Each participant's account is credited with the participant's contribution and an allocation of: the Company's matching contribution, the Company's additional contribution, the Company's transitional contribution, Plan earnings, and certain administrative

**SPIRIT AEROSYSTEMS HOLDINGS, INC.**  
**RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**1. DESCRIPTION OF PLAN (CONTINUED)**

expenses. Allocations are based on weighted average of account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their elective deferral and Company match contributions plus actual earnings thereon. Vesting in the Company's additional contributions plus earnings thereon is based upon years of service in the Plan, as defined by the Plan as follows: Less than 2 years, 0%; 2 years but less than 3 years, 25%; 3 years but less than 4 years, 50%; 4 years but less than 5 years, 75%; and 5 years or more, 100%. Vesting in the Company's transitional contributions plus earnings thereon is based upon years of service, as defined by the Plan as follows: Less than 3 years, 0%; greater than 3 years, 100%.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their account balance. The notes receivable are secured by the balance in the participant's account and bear interest at a reasonable rate, generally the prime rate at the inception of the note, but not more than the maximum rate permitted by law. Principal and interest are generally paid through payroll deductions. Notes receivable may not exceed five years unless the note is for the purpose of purchasing a principal residence of the participant, in which case the term may be up to twenty years.

Payment of Benefits - On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or periodic installments over a ten-year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution at their request. The exception is for account balances less than \$5,000, excluding amounts in the participant's rollover accounts. These accounts may automatically be paid in a lump-sum payment after written notice is provided.

Forfeitures - At December 31, 2018 and 2017, forfeited nonvested accounts totaled \$116,751 and \$39,896, respectively. These accounts are used to pay administrative fees or reduce future employer contributions. In 2018, administrative expenses and employer contributions were reduced by \$146,971 from forfeited nonvested accounts.

Normal Retirement - Normal retirement age is 65 years of age.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting and Use of Estimates - The accompanying financial statements are prepared on the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect: (1) the reported amounts of assets and liabilities, (2) disclosures such as contingencies, and (3) the reported amounts of revenues and expenses included in such financial statements. Actual results could differ from those estimates.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Valuation of Investments and Income Recognition - Investments are valued 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 Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the Plan's investment advisors. The 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 change includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance has been recorded as of December 31, 2018 or 2017. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Benefits Payments - Benefits are recorded when paid.

Administrative Expenses - Certain expenses of the Plan may be paid directly by the Company and are therefore excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Some investment related expenses may be included in net change in fair value of investments.

Reclassification - Certain amounts from the prior year have been reclassified to conform to the current year presentation.

Subsequent Events - These financial statements considered subsequent events through September 30, 2019, the date the financial statements were available to be issued.

**3. INFORMATION CERTIFIED BY VOYA INSTITUTIONAL TRUST COMPANY (UNAUDITED)**

The following is a summary of the information as of December 31, 2018 and 2017, and for the year ended December 31, 2018, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Voya Institutional Trust Company (Voya) and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Voya that information provided to the Plan Administrator by Voya related to the following is complete and accurate.

Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information below, the fair values in Note 4, and the values in the supplemental schedule related to the following assets:

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**3. INFORMATION CERTIFIED BY VOYA INSTITUTIONAL TRUST COMPANY (UNAUDITED)  
(CONTINUED)**

|                                    | 2018                  | 2017                  |
|------------------------------------|-----------------------|-----------------------|
| Mutual funds                       | \$ 231,407,130        | \$ 254,432,103        |
| Collective investment trusts       | 430,230,466           | 444,931,434           |
| Stable value fund                  | 143,984,967           | 130,584,646           |
|                                    | <u>\$ 805,622,563</u> | <u>\$ 829,948,183</u> |
| Notes receivable from participants | <u>\$ 14,708,998</u>  | <u>\$ 15,202,703</u>  |

Voya also certified as to the completeness and accuracy of (\$69,721,126) of net change in fair value of investments and interest, dividends and other income of \$17,602,177 related to the aforementioned assets as of and for the year ended December 31, 2018.

**4. INVESTMENTS AND FAIR VALUE MEASUREMENTS**

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value.

The following describes three levels of inputs that may be used to measure fair value:

Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 - Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

*Mutual Funds*

These investments are valued using quoted prices in an active market.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)**

*Collective Investment Trusts*

These investments are not quoted in an active market; rather they are public investment vehicles valued using market prices and performance of the fund. The trust allocates notional units to the policy holder based on the underlying notional unit buy (offer) price using the middle market price plus transaction costs.

*Stable Value Fund*

These investments are in a diversified portfolio of investment contracts and security-backed contracts.

The fair value at December 31, 2018 and 2017, of the Plan's financial instruments that are valued on a recurring basis in accordance with the above fair value hierarchy, as provided by Voya, is as follows:

|                              | Fair Value as of December 31, 2018 |                       |              | Fair Value<br>(Unaudited) |
|------------------------------|------------------------------------|-----------------------|--------------|---------------------------|
|                              | Level 1                            | Level 2               | Level 3      |                           |
| Mutual funds                 | \$ 231,407,130                     | \$ --                 | \$ --        | \$ 231,407,130            |
| Collective investment trusts | --                                 | 430,230,466           | --           | 430,230,466               |
| Stable value fund            | --                                 | 143,984,967           | --           | 143,984,967               |
|                              | <u>\$ 231,407,130</u>              | <u>\$ 574,215,433</u> | <u>\$ --</u> | <u>\$ 805,622,563</u>     |

|                              | Fair Value as of December 31, 2017 |                       |              | Fair Value<br>(Unaudited) |
|------------------------------|------------------------------------|-----------------------|--------------|---------------------------|
|                              | Level 1                            | Level 2               | Level 3      |                           |
| Mutual funds                 | \$ 254,432,103                     | \$ --                 | \$ --        | \$ 254,432,103            |
| Collective investment trusts | --                                 | 444,931,434           | --           | 444,931,434               |
| Stable value fund            | --                                 | 130,584,646           | --           | 130,584,646               |
|                              | <u>\$ 254,432,103</u>              | <u>\$ 575,516,080</u> | <u>\$ --</u> | <u>\$ 829,948,183</u>     |

**5. PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan assets are managed by Voya (party-in-interest), and therefore, these transactions qualify as party-in-interest transactions. Total fees incurred and paid directly by the Plan for the investment management services were \$797,472. The various funds' operating expense ratios ranged from 0.02% to 0.89% as of December 31, 2018.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**6. PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of termination of the Plan, the interests of the participants in the Plan shall be fully vested at the time of termination and Voya shall liquidate all assets of the Trust, and continue to administer the Trust in accordance with its provisions until all obligations have been satisfied.

**7. INCOME TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated April 14, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management evaluated the Plan's tax positions and concluded that it had taken no uncertain tax positions that require recognition or disclosure in the financial statements. No provision or liability for income taxes has been included in the financial statements.

**8. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

## SUPPLEMENTAL SCHEDULE

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

EIN: 20-2436320

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2018

| Identity of issuer, borrower,<br>lessor or similar party                                                                                          | Value<br>(Unaudited) |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Dodge & Cox International Stock Fund                                                                                                              | \$ 33,534,224        |
| Goldman Sachs Bond Institutional Fund                                                                                                             | 19,945,693           |
| Hartford Midcap Fund                                                                                                                              | 51,100,472           |
| State Street Passive Bond Market Index                                                                                                            | 39,022,789           |
| State Street Russell 2000 Index                                                                                                                   | 35,587,017           |
| State Street S&P 500 Index Class N                                                                                                                | 117,113,994          |
| State Street S&P Mid Cap 400 Index                                                                                                                | 58,607,442           |
| State Street Target Retirement 2015                                                                                                               | 1,810,204            |
| State Street Target Retirement 2020                                                                                                               | 51,066,007           |
| State Street Target Retirement 2025                                                                                                               | 17,609,648           |
| State Street Target Retirement 2030                                                                                                               | 46,370,240           |
| State Street Target Retirement 2035                                                                                                               | 7,460,165            |
| State Street Target Retirement 2040                                                                                                               | 25,775,451           |
| State Street Target Retirement 2045                                                                                                               | 7,097,221            |
| State Street Target Retirement 2050                                                                                                               | 7,927,770            |
| State Street Target Retirement 2055                                                                                                               | 1,754,299            |
| State Street Target Retirement 2060                                                                                                               | 1,158,059            |
| State Street Target Retirement Income                                                                                                             | 5,853,469            |
| State Street Tips Index NI Class C                                                                                                                | 6,016,691            |
| Vanguard Dividend Growth Fund                                                                                                                     | 48,734,927           |
| Vanguard Total International                                                                                                                      | 56,865,643           |
| Voya Small Company Port I                                                                                                                         | 21,226,171           |
| Wells Fargo Stable Value                                                                                                                          | 143,984,967          |
| * Notes receivable from participants<br>(1,530 notes outstanding, interest rates range from 3.25%<br>to 8.25%, maturity dates range through 2038) | 14,708,998           |

\*Party-in-interest

***SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN***

FINANCIAL STATEMENTS  
WITH SUPPLEMENTAL SCHEDULE

YEAR ENDED DECEMBER 31, 2018

WITH

INDEPENDENT AUDITOR'S REPORT



SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN

FINANCIAL STATEMENTS  
WITH SUPPLEMENTAL SCHEDULE

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**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**FINANCIAL STATEMENTS  
WITH SUPPLEMENTAL SCHEDULE**

Year Ended December 31, 2018

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All other supplemental schedules required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are not applicable.

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from an electronic file. An original copy of this document  
is available at the Company's office.*

## INDEPENDENT AUDITOR'S REPORT

Retirement Committee  
**Spirit AeroSystems Holdings, Inc.**  
**Retirement and Savings Plan**

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Spirit AeroSystems Holdings, Inc. Retirement and Savings Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Voya Institutional Trust Company (Voya), except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that Voya holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from Voya as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the Plan Administrator by Voya is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

*Allen, Gibbs & Houlik, L.C.*  
CERTIFIED PUBLIC ACCOUNTANTS

September 30, 2019  
Wichita, Kansas

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2018 and 2017

|                                          | <u>2018</u>                  | <u>2017</u>                  |
|------------------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                            |                              |                              |
| Investments at fair value                | <b>\$ 805,622,563</b>        | \$ 829,948,183               |
| Notes receivable from participants       | <b>14,708,998</b>            | 15,202,703                   |
| Employer contribution receivable         | <b>15,111,173</b>            | 14,469,439                   |
| <b>Net assets available for benefits</b> | <b><u>\$ 835,442,734</u></b> | <b><u>\$ 859,620,325</u></b> |

The accompanying notes are an integral  
part of these financial statements.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2018

**Additions to net assets attributed to:**

Investment income (loss):

Net change in fair value of investments \$ (69,721,126)

Dividends 16,705,293

Other income 367,204

(52,648,629)

Interest income on notes receivable from participants 529,680

Contributions:

Participant 39,873,586

Employer 35,639,950

Rollovers 3,790,749

79,304,285

**Total additions** 27,185,336

**Deductions from net assets attributed to:**

Benefits paid 50,565,455

Administrative fees 797,472

**Total deductions** 51,362,927

**Net change** (24,177,591)

**Net assets available for benefits:**

Beginning of year 859,620,325

**End of year** \$ 835,442,734

The accompanying notes are an integral  
part of these financial statements.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**1. DESCRIPTION OF PLAN**

The following description of the Spirit AeroSystems Holdings, Inc. Retirement and Savings Plan (Plan) provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions. The Retirement Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investments offerings and monitors investment performance.

Eligibility - The Plan is a defined contribution plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), covering all eligible employees of Spirit AeroSystems Holdings, Inc. (Company), except for employees covered by collective bargaining agreements which provide for the exclusion from participation in the Plan. Eligible employees can become participants in the Plan as of the entry date coincident with the participant's date of hire by the Company. Employees are automatically enrolled in the Plan 60 days after the date of hire, at a pre-tax deferral rate of 3%; unless prior to that time such participant has made an alternative contribution election. Those participants currently enrolled at the automatic pre-tax deferral rate of 3% are subject to an automatic escalation of 1% per year on their annual anniversary date of enrollment until such default rate reaches a maximum of 8%.

Contributions - Participants may make pre-tax and after-tax contributions up to 50% and 15%, respectively, of compensation as defined in the Plan, up to a maximum allowed by the Internal Revenue Code (\$18,500 for 2018). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions (\$6,000 for 2018). However, in no event shall the sum of such participant's pre-tax and after-tax contributions exceed 50% of compensation. The Company provides matching contributions equal to 75% up to 8% of all eligible participants' contributions. The Plan also accepts rollover contributions from certain other qualified plans for eligible participants.

The Company also makes additional contributions as of the last day of the year for participants who are credited with a year of vesting service and are employed on the last day of the year. The additional contributions are a fixed percentage, ranging from 1.5% to 4.5% of compensation depending upon union status and the participant's attained age and years of vesting service on the last day of the year.

In addition, the Company makes transitional contributions to participants who did not elect to retire under the predecessor employer plan as of June 17, 2005 and are non-union participants, or participants represented by the Society of Professional Engineering Employees in Aerospace, Wichita Engineering Unit, or Society of Professional Engineering Employees in Aerospace, Wichita Technical and Professional Unit. Transitional contributions are based on years of service that result in a fixed transitional contribution rate ranging from 1.5% to 3.5% of eligible compensation for each subsequent year the participant remains employed on the last day of the Plan year. Participants only receive the transitional contribution for subsequent years up to the years of vested service accumulated as of June 17, 2005. Transitional contributions cease with the Plan year ending 2019.

Participant Accounts - Each participant's account is credited with the participant's contribution and an allocation of: the Company's matching contribution, the Company's additional contribution, the Company's transitional contribution, Plan earnings, and certain administrative

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**1. DESCRIPTION OF PLAN (CONTINUED)**

expenses. Allocations are based on weighted average of account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their elective deferral and Company match contributions plus actual earnings thereon. Vesting in the Company's additional contributions plus earnings thereon is based upon years of service in the Plan, as defined by the Plan as follows: Less than 2 years, 0%; 2 years but less than 3 years, 25%; 3 years but less than 4 years, 50%; 4 years but less than 5 years, 75%; and 5 years or more, 100%. Vesting in the Company's transitional contributions plus earnings thereon is based upon years of service, as defined by the Plan as follows: Less than 3 years, 0%; greater than 3 years, 100%.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their account balance. The notes receivable are secured by the balance in the participant's account and bear interest at a reasonable rate, generally the prime rate at the inception of the note, but not more than the maximum rate permitted by law. Principal and interest are generally paid through payroll deductions. Notes receivable may not exceed five years unless the note is for the purpose of purchasing a principal residence of the participant, in which case the term may be up to twenty years.

Payment of Benefits - On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or periodic installments over a ten-year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution at their request. The exception is for account balances less than \$5,000, excluding amounts in the participant's rollover accounts. These accounts may automatically be paid in a lump-sum payment after written notice is provided.

Forfeitures - At December 31, 2018 and 2017, forfeited nonvested accounts totaled \$116,751 and \$39,896, respectively. These accounts are used to pay administrative fees or reduce future employer contributions. In 2018, administrative expenses and employer contributions were reduced by \$146,971 from forfeited nonvested accounts.

Normal Retirement - Normal retirement age is 65 years of age.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting and Use of Estimates - The accompanying financial statements are prepared on the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect: (1) the reported amounts of assets and liabilities, (2) disclosures such as contingencies, and (3) the reported amounts of revenues and expenses included in such financial statements. Actual results could differ from those estimates.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Valuation of Investments and Income Recognition - Investments are valued 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 Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the Plan's investment advisors. The 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 change includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance has been recorded as of December 31, 2018 or 2017. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Benefits Payments - Benefits are recorded when paid.

Administrative Expenses - Certain expenses of the Plan may be paid directly by the Company and are therefore excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Some investment related expenses may be included in net change in fair value of investments.

Reclassification - Certain amounts from the prior year have been reclassified to conform to the current year presentation.

Subsequent Events - These financial statements considered subsequent events through September 30, 2019, the date the financial statements were available to be issued.

**3. INFORMATION CERTIFIED BY VOYA INSTITUTIONAL TRUST COMPANY (UNAUDITED)**

The following is a summary of the information as of December 31, 2018 and 2017, and for the year ended December 31, 2018, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Voya Institutional Trust Company (Voya) and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Voya that information provided to the Plan Administrator by Voya related to the following is complete and accurate.

Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information below, the fair values in Note 4, and the values in the supplemental schedule related to the following assets:

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**3. INFORMATION CERTIFIED BY VOYA INSTITUTIONAL TRUST COMPANY (UNAUDITED)  
(CONTINUED)**

|                                    | 2018                  | 2017                  |
|------------------------------------|-----------------------|-----------------------|
| Mutual funds                       | \$ 231,407,130        | \$ 254,432,103        |
| Collective investment trusts       | 430,230,466           | 444,931,434           |
| Stable value fund                  | 143,984,967           | 130,584,646           |
|                                    | <u>\$ 805,622,563</u> | <u>\$ 829,948,183</u> |
| Notes receivable from participants | <u>\$ 14,708,998</u>  | <u>\$ 15,202,703</u>  |

Voya also certified as to the completeness and accuracy of (\$69,721,126) of net change in fair value of investments and interest, dividends and other income of \$17,602,177 related to the aforementioned assets as of and for the year ended December 31, 2018.

**4. INVESTMENTS AND FAIR VALUE MEASUREMENTS**

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value.

The following describes three levels of inputs that may be used to measure fair value:

Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 - Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

*Mutual Funds*

These investments are valued using quoted prices in an active market.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)**

*Collective Investment Trusts*

These investments are not quoted in an active market; rather they are public investment vehicles valued using market prices and performance of the fund. The trust allocates notional units to the policy holder based on the underlying notional unit buy (offer) price using the middle market price plus transaction costs.

*Stable Value Fund*

These investments are in a diversified portfolio of investment contracts and security-backed contracts.

The fair value at December 31, 2018 and 2017, of the Plan's financial instruments that are valued on a recurring basis in accordance with the above fair value hierarchy, as provided by Voya, is as follows:

|                              | Fair Value as of December 31, 2018 |                       |              |                           |
|------------------------------|------------------------------------|-----------------------|--------------|---------------------------|
|                              | Level 1                            | Level 2               | Level 3      | Fair Value<br>(Unaudited) |
| Mutual funds                 | \$ 231,407,130                     | \$ --                 | \$ --        | \$ 231,407,130            |
| Collective investment trusts | --                                 | 430,230,466           | --           | 430,230,466               |
| Stable value fund            | --                                 | 143,984,967           | --           | 143,984,967               |
|                              | <u>\$ 231,407,130</u>              | <u>\$ 574,215,433</u> | <u>\$ --</u> | <u>\$ 805,622,563</u>     |

|                              | Fair Value as of December 31, 2017 |                       |              |                           |
|------------------------------|------------------------------------|-----------------------|--------------|---------------------------|
|                              | Level 1                            | Level 2               | Level 3      | Fair Value<br>(Unaudited) |
| Mutual funds                 | \$ 254,432,103                     | \$ --                 | \$ --        | \$ 254,432,103            |
| Collective investment trusts | --                                 | 444,931,434           | --           | 444,931,434               |
| Stable value fund            | --                                 | 130,584,646           | --           | 130,584,646               |
|                              | <u>\$ 254,432,103</u>              | <u>\$ 575,516,080</u> | <u>\$ --</u> | <u>\$ 829,948,183</u>     |

**5. PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan assets are managed by Voya (party-in-interest), and therefore, these transactions qualify as party-in-interest transactions. Total fees incurred and paid directly by the Plan for the investment management services were \$797,472. The various funds' operating expense ratios ranged from 0.02% to 0.89% as of December 31, 2018.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**6. PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of termination of the Plan, the interests of the participants in the Plan shall be fully vested at the time of termination and Voya shall liquidate all assets of the Trust, and continue to administer the Trust in accordance with its provisions until all obligations have been satisfied.

**7. INCOME TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated April 14, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management evaluated the Plan's tax positions and concluded that it had taken no uncertain tax positions that require recognition or disclosure in the financial statements. No provision or liability for income taxes has been included in the financial statements.

**8. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

## SUPPLEMENTAL SCHEDULE

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
RETIREMENT AND SAVINGS PLAN**

EIN: 20-2436320

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2018

| Identity of issuer, borrower,<br>lessor or similar party                                                                                          | Value<br>(Unaudited) |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Dodge & Cox International Stock Fund                                                                                                              | \$ 33,534,224        |
| Goldman Sachs Bond Institutional Fund                                                                                                             | 19,945,693           |
| Hartford Midcap Fund                                                                                                                              | 51,100,472           |
| State Street Passive Bond Market Index                                                                                                            | 39,022,789           |
| State Street Russell 2000 Index                                                                                                                   | 35,587,017           |
| State Street S&P 500 Index Class N                                                                                                                | 117,113,994          |
| State Street S&P Mid Cap 400 Index                                                                                                                | 58,607,442           |
| State Street Target Retirement 2015                                                                                                               | 1,810,204            |
| State Street Target Retirement 2020                                                                                                               | 51,066,007           |
| State Street Target Retirement 2025                                                                                                               | 17,609,648           |
| State Street Target Retirement 2030                                                                                                               | 46,370,240           |
| State Street Target Retirement 2035                                                                                                               | 7,460,165            |
| State Street Target Retirement 2040                                                                                                               | 25,775,451           |
| State Street Target Retirement 2045                                                                                                               | 7,097,221            |
| State Street Target Retirement 2050                                                                                                               | 7,927,770            |
| State Street Target Retirement 2055                                                                                                               | 1,754,299            |
| State Street Target Retirement 2060                                                                                                               | 1,158,059            |
| State Street Target Retirement Income                                                                                                             | 5,853,469            |
| State Street Tips Index NI Class C                                                                                                                | 6,016,691            |
| Vanguard Dividend Growth Fund                                                                                                                     | 48,734,927           |
| Vanguard Total International                                                                                                                      | 56,865,643           |
| Voya Small Company Port I                                                                                                                         | 21,226,171           |
| Wells Fargo Stable Value                                                                                                                          | 143,984,967          |
| * Notes receivable from participants<br>(1,530 notes outstanding, interest rates range from 3.25%<br>to 8.25%, maturity dates range through 2038) | 14,708,998           |

\*Party-in-interest