# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
KELSEY-HAYES COMPANY MT. VERNON HOURLY PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 053

**1c** Effective date of plan 01/01/1987

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
KELSEY-HAYES COMPANY

12001 TECH CENTER DRIVE
LIVONIA, MI 48150

**2b** Employer Identification Number (EIN)
13-3369789

**2c** Sponsor's telephone number
734-855-2600

**2d** Business code (see instructions)
336300

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2010 | SHELLY IACOBELLI |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | |
|---|---|
| **3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>KELSEY-HAYES COMPANY<br>12001 TECH CENTER DRIVE<br>LIVONIA, MI 48150 | **3b** Administrator's EIN<br>13-3369789<br>**3c** Administrator's telephone number<br>734-855-2600 |

| | | |
|---|---|---|
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br>**a** Sponsor's name | | **4b** EIN<br>**4c** PN |
| **5** Total number of participants at the beginning of the plan year | **5** | 491 |
| **6** Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** Active participants | **6a** | 174 |
| **b** Retired or separated participants receiving benefits | **6b** | 91 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 207 |
| **d** Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 472 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 16 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 488 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | Insurance | **(1)** | Insurance |
| **(2)** | Code section 412(e)(3) insurance contracts | **(2)** | Code section 412(e)(3) insurance contracts |
| **(3)** X | Trust | **(3)** X | Trust |
| **(4)** | General assets of the sponsor | **(4)** | General assets of the sponsor |

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

| **a Pension Schedules** | | **b General Schedules** | | |
|---|---|---|---|---|
| **(1)** X | **R** (Retirement Plan Information) | **(1)** X | **H** (Financial Information) | |
| **(2)** | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | **(2)** | **I** (Financial Information – Small Plan) | |
| | | **(3)** | **A** (Insurance Information) | ___ |
| | | **(4)** X | **C** (Service Provider Information) | |
| **(3)** X | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | **(5)** X | **D** (DFE/Participating Plan Information) | |
| | | **(6)** | **G** (Financial Transaction Schedules) | |

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

**A** Name of plan
KELSEY-HAYES COMPANY MT. VERNON HOURLY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 053

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
KELSEY-HAYES COMPANY

**D** Employer Identification Number (EIN)
13-3369789

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

## Part I Basic Information

| | | | | |
|---|---|---|---|---|
| 1 | Enter the valuation date: Month 01 Day 01 Year 2009 | | | |
| 2 | Assets: | | | |
| a | Market value | 2a | | 11176135 |
| b | Actuarial value | 2b | | 12293749 |
| 3 | Funding target/participant count breakdown | | (1) Number of participants | (2) Funding Target |
| a | For retired participants and beneficiaries receiving payment | 3a | 101 | 3701686 |
| b | For terminated vested participants | 3b | 207 | 2734499 |
| c | For active participants: | | | |
| | (1) Non-vested benefits | 3c(1) | | 323309 |
| | (2) Vested benefits | 3c(2) | | 5262910 |
| | (3) Total active | 3c(3) | 183 | 5586219 |
| d | Total | 3d | 491 | 12022404 |
| 4 | If the plan is at-risk, check the box and complete items (a) and (b) [ ] | | | |
| a | Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 | Effective interest rate | 5 | | 8.17 % |
| 6 | Target normal cost | 6 | | 372050 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

10/11/2010
Signature of actuary — Date

JAMES D. KERSHNER, FSA
08-03526
Type or print name of actuary — Most recent enrollment number

MERCER
313-259-5500
Firm name — Telephone number (including area code)

600 RENAISSANCE CENTER, SUITE 1800
DETROIT, MI 48243-1815
Address of the firm

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

## Part II Beginning of year carryover and prefunding balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 0 | 0 |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (Item 7 minus item 8) | 0 | 0 |
| 10 | Interest on item 9 using prior year's actual return of -26.99 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 280595 |
| | b Interest on (a) using prior year's effective rate of 6.15 % | | 17257 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 297852 |
| | d Portion of (c) to be added to prefunding balance | | 297750 |
| 12 | Reduction in balances due to elections or deemed elections | 0 | 26405 |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12) | 0 | 271345 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 100.00 % |
| 15 | Adjusted funding target attainment percentage | 15 | 102.25 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 102.09 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and liquidity shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 09/15/2010 | 115126 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 115126 | 18(c) 0 |

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

| | | |
|---|---|---|
| a Contributions allocated toward unpaid minimum required contribution from prior years. | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 100705 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

## Part V Assumptions used to determine funding target and target normal cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: % | 2nd segment: % | 3rd segment: % | [X] N/A, full yield curve used |
|---|---|---|---|

**b** Applicable month (enter code) — **21b**: 2

**22** Weighted average retirement age — **22**: 63

**23** Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

## Part VI Miscellaneous items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

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

**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

## Part VII Reconciliation of unpaid minimum required contributions for prior years

| | | | |
|---|---|---|---|
| **28** | Unpaid minimum required contribution for all prior years | **28** | 0 |
| **29** | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) | **29** | 0 |
| **30** | Remaining amount of unpaid minimum required contributions (item 28 minus item 29) | **30** | 0 |

## Part VIII Minimum required contribution for current year

| | | | |
|---|---|---|---|
| **31** | Target normal cost, adjusted, if applicable (see instructions) | **31** | 372050 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | | |

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

| | | | |
|---|---|---|---|
| **34** | Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) | **34** | 372050 |

| | | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|---|
| **35** | Balances used to offset funding requirement | | 271345 | 271345 |

| | | | |
|---|---|---|---|
| **36** | Additional cash requirement (item 34 minus item 35) | **36** | 100705 |
| **37** | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) | **37** | 100705 |
| **38** | Interest-adjusted excess contributions for current year (see instructions) | **38** | 0 |
| **39** | Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) | **39** | 0 |
| **40** | Unpaid minimum required contribution for all years | **40** | 0 |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
KELSEY-HAYES COMPANY MT. VERNON HOURLY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 053

**C** Plan sponsor's name as shown on line 2a of Form 5500
KELSEY-HAYES COMPANY

**D** Employer Identification Number (EIN)
13-3369789

## 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

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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)

FIDELITY

04-2723880

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 | NONE | 33245 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

ERNST & YOUNG LLP

34-6565596

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | NONE | 16216 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MERCER

13-2836910

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 17 | NONE | 11000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN; |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN; |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
KELSEY-HAYES COMPANY MT. VERNON HOURLY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 053

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
KELSEY-HAYES COMPANY

**D** Employer Identification Number (EIN)
13-3369789

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRW AUTOMOTIVE MASTER TRUST

**b** Name of sponsor of entity listed in (a): TRW AUTOMOTIVE US LLC

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 83-0349309-001 | M | 12934250 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
KELSEY-HAYES COMPANY MT. VERNON HOURLY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 053

**C** Plan sponsor's name as shown on line 2a of Form 5500
KELSEY-HAYES COMPANY

**D** Employer Identification Number (EIN)
13-3369789

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 33351 | 36191 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | 115126 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 11174743 | 12934250 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 11208094 | 13085567 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | 31959 | 35537 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 31959 | 35537 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 11176135 | 13050030 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 115126 | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 115126 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 2270301 |
| (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) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2385427 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 425315 | |
| (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) | | 425315 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 26627 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 4773 | |
| (4) Other | 2i(4) | 54817 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 86217 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 511532 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1873895 |
| 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)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

**(1)** Name: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

**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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** | Was this plan covered by a fidelity bond? | **4e** | X | | 50000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | **4j** | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

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

**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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
KELSEY-HAYES COMPANY MT. VERNON HOURLY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 053

**C** Plan sponsor's name as shown on line 2a of Form 5500
KELSEY-HAYES COMPANY

**D** Employer Identification Number (EIN)
13-3369789

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 83-0349309

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3** 0

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☒ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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

**13** Enter the following information for each employer that 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 items 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 items 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 items 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 items 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 items 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 items 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 items 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 | **14a** | |
| **b** | The plan year immediately preceding the current plan year | **14b** | |
| **c** | The second preceding plan year | **14c** | |

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

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

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

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

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

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

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

**19** If the total number of participants is 1,000 or more, complete items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# Financial Statements and Supplemental Schedule

Kelsey-Hayes Company
Mt. Vernon Hourly Pension Plan
As of December 31, 2009 and 2008, and
for the Year Ended December 31, 2009
With Report of Independent Auditors

Kelsey-Hayes Company
Mt. Vernon Hourly Pension Plan

Financial Statements and Supplemental Schedule

As of December 31, 2009 and 2008, and
for the Year Ended December 31, 2009

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# Report of Independent Auditors

Kelsey-Hayes Company,
Plan Administrator of the
Kelsey-Hayes Company
Mt. Vernon Hourly Pension Plan
Livonia, MI

We were engaged to audit the accompanying statements of net assets available for benefits of Kelsey-Hayes Company Mt. Vernon Hourly Pension Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 investment information summarized in Note 4, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Ernst & Young LLP

September 10, 2010



A member firm of Ernst & Young Global Limited

Kelsey-Hayes Company
Mt. Vernon Hourly Pension Plan

## Statements of Net Assets Available for Benefits

| | As of December 31 | |
|---|---|---|
| | **2009** | **2008** |
| **Assets** | | |
| Cash, interest bearing | **$ 36,191** | $ 33,351 |
| Investment in TRW Automotive Master Trust, at fair value *(Note 4)* | **12,934,250** | 11,174,743 |
| Employer contribution receivable | **115,126** | – |
| Total assets | **13,085,567** | 11,208,094 |
| **Liabilities** | | |
| Accrued expenses | **35,537** | 31,959 |
| Total liabilities | **35,537** | 31,959 |
| Net assets available for benefits | **$ 13,050,030** | $ 11,176,135 |

*See accompanying notes to financial statements.*

Kelsey-Hayes Company
Mt. Vernon Hourly Pension Plan

## Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2009

| | |
|---|---|
| **Additions** | |
| Net investment gain from TRW Automotive Master Trust *(Note 4)* | $ 2,270,301 |
| Employer contributions | 115,126 |
| Total additions | 2,385,427 |
| | |
| **Deductions** | |
| Benefit payments | 425,315 |
| PBGC premiums | 21,218 |
| Administrative expenses | 64,999 |
| Total deductions | 511,532 |
| | |
| Net increase | 1,873,895 |
| Net assets available for benefits at beginning of year | 11,176,135 |
| Net assets available for benefits at end of year | $13,050,030 |

*See accompanying notes to financial statements.*

Kelsey-Hayes Company
Mt. Vernon Hourly Pension Plan

Notes to Financial Statements

As of December 31, 2009 and 2008, and
for the Year Ended December 31, 2009

## 1. Description of the Plan

The Kelsey-Hayes Company Mt. Vernon Hourly Pension Plan (the Plan) is a defined benefit plan, established through collective bargaining, which covers substantially all hourly employees of the Mt. Vernon Plant of the Ohio Division of Kelsey-Hayes Company (the Company) and provides pension benefits for such employees.

The Company periodically contributes amounts necessary to provide assets sufficient to meet the benefits to be paid to Plan members. For any plan year, the Company's contributions to the Plan are, at a minimum, equal to the amounts required to fund the Plan's actuarial normal cost and to amortize the Plan's unfunded actuarial liability in accordance with the minimum amortization requirements of the Pension Protection Act of 2006 (PPA). Contributions to the Plan have met the minimum funding requirements of ERISA, as amended by the PPA.

The Company has the right under the Plan to discontinue such contributions for future periods and to terminate the Plan provided that such discontinuance or termination will not be undertaken in such a manner as to constitute a violation of any applicable provision of a collective bargaining agreement between the Company and a union. Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the Summary Plan Description which is available from the Company.

## 2. Summary of Significant Accounting Policies

### Basis of Presentation and Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of financial statements in conformity with generally accepted accounting principles in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

### Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees on the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired, terminated, and active employees or their beneficiaries are determined on the basis of fixed benefit rates stipulated in the Plan, and on the number of years of credited service at termination of employment. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

### Investment Valuation and Income Recognition

The Plan's investment and those investments held in the TRW Automotive Master Trust (Master Trust) are stated at fair value. The fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 5 for further discussions of fair value measurements.

Cash is composed of funds that were transferred from The Bank of New York Mellon/BNY Mellon, N.A., the Trustee, on December 28, 2009 to the Plan administrator, Fidelity, for the purpose of funding January 1, 2010 benefit payments.

**2. Summary of Significant Accounting Policies (continued)**

Investments are stated at fair value. Investments consist primarily of units of the Master Trust at December 31, 2009 and 2008. Purchases and sales of securities are recorded on the trade date. The cost of securities sold is determined by the average cost method for purposes of determining realized gains and losses. All losses and expenses incurred with regard to the purchase, sale, or transfer of investments and other assets are borne by the Master Trust.

The Plan's interest in the Master Trust is based upon the combined market value of the Plan's proportionate share of assets in the Master Trust.

**New Accounting Pronouncements**

In April 2009, the Financial Accounting Standards Board (FASB) issued FASB Staff Position 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* (FSP 157-4). FSP 157-4 amended FASB Statement No. 157 (codified as Accounting Standards Codification (ASC) 820) to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC 820. The Plan adopted the guidance in FSP 157-4 for the reporting period ended December 31, 2009. Adoption of FSP 157-4 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In May 2009, the FASB issued FASB Statement No. 165, *Subsequent Events,* which was codified into ASC 855, *Subsequent Events,* to provide general standards of accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. ASC 855 was amended in February 2010.

**2. Summary of Significant Accounting Policies (continued)**

In September 2009, the FASB issued Accounting Standards Update 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2009-12). ASU 2009-12 amended ASC 820 to allow entities to use net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The Plan adopted the guidance in ASU 2009-12 for the reporting period ended December 31, 2009, and have utilized the practical expedient to measure the fair value of investments within the scope of this guidance based on the investment's NAV.

In addition, as a result of adopting ASU 2009-12, the Plan has provided additional disclosures regarding the nature and risks of investments within the scope of this guidance. Refer to Note 5 for these disclosures. Adoption of ASU 2009-12 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Plan management is currently evaluating the effect that the provisions of ASU 2010-06 will have on the Plan's financial statements.

**3. Accumulated Plan Benefits**

The actuarial present value of accumulated plan benefits was calculated by the Plan's actuary, Mercer Human Resource Consulting, for the years ended December 31, 2009 and 2008, as the amount that results from applying actuarial assumptions to plan participant data to determine the accumulated plan benefits earned to date by the participants. The present value reflects the time value of money (through discounts for interest) and the probability of payment recognizing decrements such as for death, disability, withdrawal, or retirement between the valuation date and the expected dates of payment.

The accumulated plan benefit information follows:

| | December 31 | |
|---|---|---|
| | **2009** | **2008** |
| Actuarial present value of accumulated plan benefits: | | |
| Vested benefits: | | |
| Participants currently receiving payments | **$ 4,863,860** | $ 4,352,404 |
| Other participants | **11,184,820** | 10,342,881 |
| | **16,048,680** | 14,695,285 |
| Nonvested benefits | **356,342** | 459,496 |
| Total actuarial present value of accumulated plan benefits | **$ 16,405,022** | $ 15,154,781 |

| | |
|---|---|
| Changes in accumulated plan benefits: | |
| Actuarial value of accumulated plan benefits at beginning of year | $ 15,154,781 |
| Change in actuarial assumptions | 547,916 |
| Benefits accumulated, including net gains or losses | 193,757 |
| Increase for interest due to the decrease in discount period | 933,883 |
| Benefits paid | (425,315) |
| Net increase | 1,250,241 |
| Actuarial value of accumulated plan benefits at end of year | $ 16,405,022 |

**3. Accumulated Plan Benefits (continued)**

The more significant assumptions underlying the actuarial computations are as follows:

| | December 31 | |
|---|---|---|
| | **2009** | **2008** |
| Interest rate | **6.00%** | 6.25% |
| Mortality basis | **UP-94 Mortality Table (projected to 2010)** | UP-94 Mortality Table (projected to 2010) |
| Employee turnover | **Rates varying by age** | Rates varying by age |
| Retirement | **Rates varying by age with 100% by age 65** | Rates varying by age with 100% by age 65 |
| Actuarial cost method | **Unit credit** | Unit credit |

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**4. Investments**

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2009 and 2008, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2009, was obtained or derived from information supplied to the Company and certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A., the Trustee of the Plan.

**4. Investments (continued)**

The Master Trust was established on February 28, 2003, to hold the investment assets of plans sponsored by TRW Automotive U.S. LLC and affiliates. Each participating retirement plan has an undivided interest in the Master Trust. The Plan's interest in the net assets of the Master Trust was approximately 1.7% and 1.6% at December 31, 2009 and 2008, respectively. The Master Trust assets are allocated among the participant plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets of the Master Trust.

The following table presents the fair values of net assets for the Master Trust at December 31, 2009 and 2008:

| | 2009 | 2008 |
|---|---|---|
| Investments at fair value: | | |
| Cash equivalents | $ 22,719 | $ 14,991 |
| Cash equivalents collateral received for securities loaned | 37,450,028 | 23,179,835 |
| U.S. government securities collateral received for securities loaned | 1,881,400 | 1,100,629 |
| Common stock | 294,651,478 | 212,145,680 |
| Common stock – held as securities loaned | 37,715,878 | 22,752,250 |
| Preferred stock | – | 536,720 |
| Common/collective trusts | 422,489,554 | 463,928,085 |
| Convertible bonds | 28,795 | – |
| Total investments at fair value | 794,239,852 | 723,658,190 |
| Liabilities at fair value: | | |
| Obligation to return collateral received for securities loaned | (39,331,428) | (24,280,464) |
| | 754,908,424 | 699,377,726 |
| Dividends receivable | 763,086 | 693,932 |
| Net receivables for security sales | 438,767 | 404,418 |
| Other assets (liabilities) | 261,647 | (20,011) |
| Net payables for security purchases | (1,094,495) | (549,045) |
| Total net assets | $ 755,277,429 | $ 699,907,020 |

**4. Investments (continued)**

Net investment gain for the Master Trust is as follows for the year ended December 31, 2009:

| | |
|---|---|
| Net appreciation in fair value of investments determined by quoted market price: | |
| Cash equivalents | $ 335,865 |
| Common stock | 89,741,789 |
| Common/collective trusts | 39,739,317 |
| Convertible bonds | 3,182 |
| Preferred stock | 506,988 |
| | 130,327,141 |
| Interest income | 45,155 |
| Securities lending income | 227,374 |
| Dividend income | 5,475,831 |
| | $ 136,075,501 |

**5. Fair Value Measurements**

In accordance with ASC 820, *Fair Value Measurements and Disclosures* (formerly FASB Statement No. 157), assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

Level 1 – Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date. The Company utilizes the market approach to determine the fair value of its assets under Level 1 of the fair value hierarchy.

**5. Fair Value Measurements (continued)**

Level 2 – Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability. Classified within the Level 2 hierarchy are investments by the Plan in other investments through common/collective trust funds held by the trustee, Bank of New York Mellon/BNY Mellon, N.A. The common/collective trust funds invest in commingled cash equivalent funds, commingled U.S. equity funds, and commingled U.S. debt funds. These funds are designed to deliver safety and stability by preserving principal and accumulating earnings. The Plan may be required to provide a one-year redemption notice to withdraw assets from the fund. The fair value of the fund has been estimated based on the fair value of the underlying investment contracts. Also included in the Level 2 hierarchy are investments in convertible bonds of $28,795. The fair value of the convertible debt has been estimated based on quoted prices for similar investments in active markets.

Level 3 – Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed. There were no investments in the Master Trust which were classified within Level 3 of the hierarchy.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The following table sets forth by level, within the fair value hierarchy, the Plan assets held outside of the Master Trust at fair value as of December 31, 2009 and 2008:

| | Assets at Fair Value as of December 31, 2009 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Cash, interest bearing | $ 36,191 | $ – | $ – | $ 36,191 |
| Total assets at fair value | $ 36,191 | $ – | $ – | $ 36,191 |

## 5. Fair Value Measurements (continued)

| | Assets at Fair Value as of December 31, 2008 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Cash, interest bearing | $ 33,351 | $ – | $ – | $ 33,351 |
| Total assets at fair value | $ 33,351 | $ – | $ – | $ 33,351 |

The following table sets forth by level, within the fair value hierarchy, the Master Trust assets and liabilities at fair value as of December 31, 2009 and 2008:

| | Assets and Liabilities at Fair Value as of December 31, 2009 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| **Assets** | | | | |
| Cash equivalents | $ 22,719 | $ – | $ – | $ 22,719 |
| Cash equivalents collateral received for securities loaned: | | | | |
| Domestic | 17,456,439 | – | – | 17,456,439 |
| International | 19,993,589 | – | – | 19,993,589 |
| U.S. governmental securities | 1,881,400 | – | – | 1,881,400 |
| Common stock – domestic | 155,660,654 | – | – | 155,660,654 |
| Common stock – international | 138,990,824 | – | – | 138,990,824 |
| Common stock – held as securities loaned: | | | | |
| Domestic | 18,702,437 | – | – | 18,702,437 |
| International | 19,013,441 | – | – | 19,013,441 |
| Common/collective trusts | – | 422,489,554 | – | 422,489,554 |
| Convertible bonds | – | 28,795 | – | 28,795 |
| **Liabilities** | | | | |
| Obligation to return collateral received for securities loaned: | | | | |
| Domestic | 19,337,839 | – | – | 19,337,839 |
| International | 19,993,589 | – | – | 19,993,589 |
| Total assets and liabilities at fair value | $ 332,390,075 | $ 422,518,349 | $ – | $ 754,908,424 |

## 5. Fair Value Measurements (continued)

| | Assets and Liabilities at Fair Value as of December 31, 2008 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| **Assets** | | | | |
| Cash equivalents | $ 14,991 | $ – | $ – | $ 14,991 |
| Cash equivalents collateral received for securities loaned: | | | | |
| Domestic | 16,669,933 | – | – | 16,669,933 |
| International | 6,509,902 | – | – | 6,509,902 |
| U.S. governmental securities | 1,100,629 | – | – | 1,100,629 |
| Common stock – domestic | 106,761,477 | – | – | 106,761,477 |
| Common stock – international | 105,384,203 | – | – | 105,384,203 |
| Common stock – held as securities loaned: | | | | |
| Domestic | 16,565,088 | – | – | 16,565,088 |
| International | 6,187,162 | – | – | 6,187,162 |
| Preferred stock | 536,720 | - | – | 536,720 |
| Common/collective trusts | – | 463,928,085 | – | 463,928,085 |
| **Liabilities** | | | | |
| Obligation to return collateral received for securities loaned: | | | | |
| Domestic | 17,770,562 | – | – | 17,770,562 |
| International | 6,509,902 | – | – | 6,509,902 |
| Total assets and liabilities at fair value | $ 235,449,641 | $ 463,928,085 | $ – | $ 699,377,726 |

**6. Securities Lending**

The Master Trust is authorized to engage in the lending of certain investments. Securities lending is a temporary exchange of portfolio assets for acceptable collateral (typically cash) between a lender and an approved borrower. The market value of securities on loan in the Master Trust was approximately $37,715,878 and the collateral held was approximately $39,331,428 at December 31, 2009. In return for the loaned securities, the agent, prior to or simultaneous with delivery of the loan securities, to the borrower, received collateral in the form of cash, U.S. government securities or letters of credit as a safeguard against possible default of any borrower on the return of the loan. Each loan is initially collateralized, in the case of (a) loaned securities denominated in U.S. dollars or whose primary trading market is located in the U.S. at 102% of the market value of the loaned securities, or (b) loaned securities not denominated in U.S. dollars or whose primary trading market is located in the U.S. to the extent of 105% of the market value of the loaned securities. The collateral is marked to market on a daily basis. The Master Trust maintains full ownership rights to the securities loaned (except for the right to vote proxy whereas the customer can request that the security be returned at a best efforts basis and consideration of normal settlement cycle), and accordingly, classifies loaned securities as investments. Securities lending income earned by the Master Trust was approximately $0.2 million for the year ended December 31, 2009.

**7. Administrative Expenses**

The Plan incurs administrative expenses directly related to the Plan which consist primarily of auditing, benefit administration, advisory, and actuarial fees. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses. Investment related expenses for the Master Trust are allocated to the Plan and are reflected in the net investment gains/losses from the Master Trust. All other costs of administrating the Plan are paid by the Company.

**8. Party-in-Interest Transactions**

Party-in-interest transactions included the purchase and sale of short-term investments and Master Trust units through the Trustee and the payment of services and expenses of the Trust by the Plan. Party-in-interest transactions also include transactions between the Plan and Fidelity, the Plan administrator. Such transactions are exempt from being prohibited transactions.

**8. Party-in-Interest Transactions (continued)**

There were no party-in-interest transactions which were prohibited under the Department of Labor regulations.

Other than those described above or pursuant to a certain trust agreement (see Notes 1, 3, and 4), the Plan has had no agreements or transactions with related parties.

**9. Income Tax Status**

The Plan has received a determination letter from the Internal Revenue Service dated June 17, 2010, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the Internal Revenue Service, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan Sponsor believes the Plan is operating in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

**10. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

**11. Subsequent Events**

The Mt. Vernon Plant was closed on June 30, 2010. No substantial benefits will accrue after this date. Management evaluated subsequent events for the Plan through September 10, 2010, the date the financial statements were available to be issued.

# Supplemental Schedule

Kelsey-Hayes Company
Mt. Vernon Hourly Pension Plan

EIN #13-3369789 Plan #053

Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

Year Ended December 31, 2009

| Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investments | Cost | Current Value |
|---|---|---|---|
| Fidelity* | Interest-bearing cash | $ 36,191 | $ 36,191 |

*Party in interest

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

**A** Name of plan: Kelsey-Hayes Company Mt. Vernon Hourly Pension Plan

**B** Three-digit plan number (PN) ▶ 053

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Kelsey-Hayes Company

**D** Employer Identification Number (EIN): 13-3369789

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 1 Day 1 Year 2009

| | | | | |
|---|---|---|---|---|
| **2** | Assets: | | | |
| | **a** Market value | | **2a** | 11,176,135 |
| | **b** Actuarial value | | **2b** | 12,293,749 |
| **3** | Funding target/participant count breakdown | | **(1)** Number of participants | **(2)** Funding Target |
| | **a** For retired participants and beneficiaries receiving payment | **3a** | 101 | 3,701,686 |
| | **b** For terminated vested participants | **3b** | 207 | 2,734,499 |
| | **c** For active participants: | | | |
| | **(1)** Non-vested benefits | **3c(1)** | | 323,309 |
| | **(2)** Vested benefits | **3c(2)** | | 5,262,910 |
| | **(3)** Total active | **3c(3)** | 183 | 5,586,219 |
| | **d** Total | **3d** | 491 | 12,022,404 |
| **4** | If the plan is at-risk, check the box and complete items (a) and (b) [ ] | | | |
| | **a** Funding target disregarding prescribed at-risk assumptions | | **4a** | |
| | **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor | | **4b** | |
| **5** | Effective interest rate | | **5** | 8.17 % |
| **6** | Target normal cost | | **6** | 372,050 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary — Date: 10/11/2010

JAMES D. KERSHNER, FSA — Type or print name of actuary

08-03526 — Most recent enrollment number

MERCER — Firm name

(313)259-5500 — Telephone number (including area code)

600 RENAISSANCE CENTER, SUITE 1800

DETROIT MI 48243-1815 — Address of the firm

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

## Part II Beginning of year carryover and prefunding balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 0 | 0 |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (Item 7 minus item 8) | 0 | 0 |
| 10 | Interest on item 9 using prior year's actual return of (26.99)% | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 280,595 |
| | b Interest on (a) using prior year's effective rate of 6.15 % | | 17,257 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 297,852 |
| | d Portion of (c) to be added to prefunding balance | | 297,750 |
| 12 | Reduction in balances due to elections or deemed elections | 0 | 26,405 |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) | 0 | 271,345 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 100.00 % |
| 15 | Adjusted funding target attainment percentage | 15 | 102.25 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 102.09 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and liquidity shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 09/15/2010 | 115,126 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 115,126 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year: | | |
| | a Contributions allocated toward unpaid minimum required contribution from prior years. | 19a | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 100,705 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

## Part V Assumptions used to determine funding target and target normal cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: % | 2nd segment: % | 3rd segment: % | ☒ N/A, full yield curve used |
|---|---|---|---|
| | | | |

**b** Applicable month (enter code) **21b** 2

**22** Weighted average retirement age **22** 63

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

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

**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

## Part VII Reconciliation of unpaid minimum required contributions for prior years

**28** Unpaid minimum required contribution for all prior years **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

## Part VIII Minimum required contribution for current year

**31** Target normal cost, adjusted, if applicable (see instructions) **31** 372,050

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | | |

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

**34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 372,050

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement | | 271,345 | 271,345 |

**36** Additional cash requirement (item 34 minus item 35) **36** 100,705

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) **37** 100,705

**38** Interest-adjusted excess contributions for current year (see instructions) **38** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

**40** Unpaid minimum required contribution for all years **40** 0

**Schedule SB, Line 22 – Description of Weighted Average Retirement**

| A | | | B | C |
|---|---|---|---|---|
| Age | Active Group | Retirement Rate | Number of Employees Expected to Retire | (A) x (B) |
| 55 | 1000 | 0.02 | 20 | 1100 |
| 56 | 980 | 0.02 | 20 | 1098 |
| 57 | 960 | 0.02 | 19 | 1095 |
| 58 | 941 | 0.02 | 19 | 1092 |
| 59 | 922 | 0.02 | 18 | 1088 |
| 60 | 904 | 0.02 | 18 | 1085 |
| 61 | 886 | 0.02 | 18 | 1081 |
| 62 | 868 | 0.30 | 260 | 16147 |
| 63 | 608 | 0.30 | 182 | 11485 |
| 64 | 425 | 0.30 | 128 | 8167 |
| 65 | 298 | 1.00 | 298 | 19355 |
| | Total | | 1000 | 62793 |
| | Average | | | 62.79268531 |

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

### A. Minimum funding method

The target liability for minimum funding calculations is computed using the traditional unit credit method of funding.

A detailed description of the calculation follows:

- An individual's **target liability** is the present value of benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **normal cost** is the present value of the benefit expected to accrue in the plan year.
- The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target liability** is the sum of the target liabilities for all participants under the plan.

Use of this method is prescribed by the PPA.

### B. Maximum deductible contribution method

Maximum funding calculations include the excess of the accrued liability computed using the projected unit credit method over the minimum funding target liability.

A detailed description of the calculation follows:

An individual's **projected accrued liability** is the present value of benefits based on credited service as of the beginning of the plan year, but compensation that would be used in the calculation of the benefit on each expected separation date.

The plan's **projected funding target liability** is the sum of the projected accrued liabilities for all participants under the plan.

### C. Asset valuation method

We used audited financial data submitted by the Plan Administrator as of January 1, 2009 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method used is the average value determined over the 24 months preceding the valuation date (using two 12-month averaging periods), as described in Section 430(g)(3)(B) as amended by Worker, Retiree, and Employer Recovery Act of 2008 and described in IRS Notice 2009-22.

A characteristic of this asset valuation method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than market.

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods** *(continued)*

**D. Valuation procedures**

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides data on all employees as of the valuation date, but only those employees who have satisfied the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a one-year break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Disabled participants:** The liabilities for participants on long-term disability have been included with the liabilities for terminated vested participants.
- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.
- **Estimated benefits:** We estimated benefits for terminated vested participants to the extent that exact accrued benefit amounts were not provided to us.

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Shutdown benefits:** We are not aware of any corporate actions that would create or trigger shutdown benefits; therefore, the valuation includes no provision for such.
- **IRC Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

### E. Actuarial assumptions

| | |
|---|---|
| **Discount rates**[1] | Full yield curve using rates published for October (in November) preceding the valuation date. |
| **Mortality elections**[1] | |
| ▪ Healthy participants | 2009 PPA separate static annuitant and nonannuitant mortality tables |
| ▪ Disabled participants | Rev. Ruling 96-7 Post-1994 Disabled Mortality Table |
| **417(e) lump sums** | |
| ▪ Annuity substitution | N/A |
| ▪ Generational mortality option | N/A |
| ▪ Phase-in option | N/A |
| **Non-417(e) lump sums** | |
| ▪ Mortality table | N/A |
| ▪ Interest rate | N/A |
| **Demographic assumptions** | |
| Termination | Rates varying by age.<br>Sample rates: |

| Age | Rate |
|---|---|
| 20 | 0.116 |
| 30 | 0.076 |
| 40 | 0.044 |
| 50 | 0.028 |
| 60 | 0.004 |

[1] *Based on interest and mortality elections made by TRW Automotive.*

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**Disability**

Rates varying by age.

Sample rates:

| Age | Rate |
|---|---|
| 20 | 0.00105 |
| 30 | 0.00115 |
| 40 | 0.00215 |
| 50 | 0.00587 |
| 60 | 0.02098 |

**Retirement**

Rates varying by age.

Rates:

| Age | Rate |
|---|---|
| 60-61 | 0.02 |
| 62-64 | 0.30 |
| 65 | 1.00 |

**Form of payment**

70% of males and 20% of females elect post-retirement survivorship coverage. The rest elect life annuity.

**Return from laid-off status**

Layoffs are presumed to not return; nonvested forfeitures are not assessed until TRW personnel status is reported as terminated.

**Benefit commencement age for**

- Future vested deferred: 65
- Current vested deferred: 60

| **Spouse assumptions** | **Male participants** | **Female participants** |
|---|---|---|
| ▪ Percentage married | 80% | 50% |
| ▪ Spouse age difference | 3 years younger | 3 years older |

**Provision for expenses**

$160,000

## Schedule SB, Part V – Summary of Plan Provisions

### *Plan provisions*

| | |
|---|---|
| *Effective date* | January 1, 1987 |
| *Covered employees* | All hourly rated employees at the Mt. Vernon, Ohio Plant. |
| *Participation date* | Date of hire. |

| **Definitions** | |
|---|---|
| *Vesting service* | Prior to January 1, 1987, the same as benefit service. After January 1, 1987, one year for each calendar year during which the participant is compensated for 870 or more hours with partial credit given as detailed in the plan. |
| *Benefit service* | Prior to January 1, 1987 based on employment from last date of hire. After January 1, 1987, one year for each calendar year during which the participant is compensated for 1,800 or more hours with partial credit given as detailed in the plan. |
| *Normal retirement date (NRD)* | Later of age 65 and five years of participation. |
| *Monthly pension benefit* | $23.00 times benefit service, effective for 2003; $24.00, effective for 2004; $25.00 effective for 2005. |
| *Monthly accrued benefit* | A monthly life annuity based on benefit service to date and benefit rate in effect on date of determination. |
| *Monthly pre-retirement survivor benefit* | 50% of the monthly accrued benefit as of the date of death, payable for the life of the spouse, reduced using a 90% factor, with the 90% adjusted by 1/2% for each year of age difference, in excess of 5, between the participant and spouse (max 100%), and reduced for benefit commencement prior to the participants age 65. |

| **Eligibility for Benefits** | |
|---|---|
| *Normal retirement* | Retirement at NRD. |
| *Early retirement* | Retirement before NRD and after attaining 60 and completing ten years of vesting service. |
| *Postponed retirement* | Retirement after NRD. |

**Schedule SB, Part V – Summary of Plan Provisions**

| | |
|---|---|
| *Disability* | Totally and permanently disabled, after completing at least ten years of vesting service. |
| *Deferred vested* | Termination for reasons other than disability, death or retirement after completing at least five years of vesting service. |
| *Pre-retirement survivor benefit* | Death while eligible for deferred vested benefit or while active and eligible for retirement. |

**Monthly Benefits Paid Upon the Following Events**

| | |
|---|---|
| *Normal retirement* | Monthly pension benefit determined at NRD. |
| *Early retirement* | Monthly accrued benefit determined as of termination date, reduced by 1/2% for each month benefit commencement precedes age 65. |
| *Postponed retirement* | Accrued benefit determined as of postponed retirement date. |
| *Disability* | Unreduced monthly accrued benefit payable immediately, with scheduled increases applicable until retirement date. |
| *Termination with deferred vested benefit* | Monthly accrued benefit commencing after age 60 and reduced by 1/2% for each month benefit commencement precedes age 65. |
| *Death with pre-retirement survivor benefits* | Monthly pre-retirement survivor benefit is payable. |
| *Forms of payment* | Pre-retirement survivor benefits are payable only as described above. Monthly pension benefits are payable as a life annuity if the participant has no spouse or if the participant and spouse so elect. Otherwise, they will be paid in the form of a 90%/50% survivor annuity, with the 90% adjusted by 1/2% for each year of age difference, in excess of 5, between the participant and spouse (maximum 100%). |
| *Maximum on benefits* | All benefits for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan does not provide for automatic increases in the dollar limit. |
| **Changes in plan provisions since prior year** | Plan provisions have not changed since the prior year, except to reflect the actual current year charges in the Internal Revenue Code maximums on benefits. |

## Schedule SB, Line 24 – Change in Actuarial Assumptions

The interest rate of discount increased from 6.15% as of January 1, 2008, to 8.17% as of January 1, 2009, reflecting a change in statutory interest rates during that period, and reflecting a change in method for determining discount rates, as described in the attachment to line 25.

The mortality table was updated from the 2008 PPA separate static annuitant/nonannuitant tables to the 2009 PPA separate static annuitant/nonannuitant tables. Additionally, the mortality table for disabled participants was changed from the 2008 PPA separate static annuitant/nonannuitant table to the Rev. Ruling 96-7 Post-1994 Disabled Mortality Table.

The expense assumption changed from $0 to $160,000 to reflect current provisions of PPA.

**Schedule SB, Line 25 – Change in Method**

The asset valuation method was changed from market value to the average value determined over the 24 months preceding the valuation date (using two 12-month averaging periods), as described in Section 430(g)(3)(B) as amended by Worker, Retiree and Employer Recovery Act of 2008 and described in IRS Notice 2009-22.

The method for determining discount rates was changed from the segmented approach (without look-back) to the full-yield curve approach (with 2-month look-back).

Beginning with the 2009 valuation, expected expenses were added to normal cost.

**Schedule SB, Line 26 – Schedule of Active Participant Data**

**Distribution of active participants as of January 1, 2009**

| | Years of Service | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Age** | **<1** | **1-4** | **5-9** | **10-14** | **15-19** | **20-24** | **25-29** | **30-34** | **35-39** | **40+** | **Total** |
| **Under 25** | | 1 | | | | | | | | | 1 |
| **25 - 29** | | 2 | 3 | | | | | | | | 5 |
| **30 - 34** | | 1 | 1 | | | | | | | | 2 |
| **35 - 39** | | 2 | 1 | 2 | | | | | | | 5 |
| **40 - 44** | | 1 | 1 | 3 | 1 | 2 | 1 | | | | 9 |
| **45 - 49** | | 1 | | 2 | 1 | 2 | 20 | 5 | | | 31 |
| **50 – 54** | | 1 | 2 | 4 | 1 | 6 | 26 | 13 | | | 53 |
| **55 - 59** | | 2 | 2 | 1 | 1 | 3 | 28 | 3 | | | 40 |
| **60 - 64** | | 1 | | 2 | 2 | 6 | 15 | 5 | | | 31 |
| **65 - 69** | | | | 1 | | 1 | | 1 | | | 3 |
| **70 - 74** | | | | 1 | 1 | | 1 | | | | 3 |
| **75+** | | | | | | | | | | | 0 |
| **Total** | 0 | 12 | 10 | 16 | 7 | 20 | 91 | 27 | 0 | 0 | 183 |

**Attachment to 2009 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Kelsey-Hayes Company Mt. Vernon Hourly Pension Plan **EIN:** 13-3369789
**Plan Sponsor's Name** Kelsey-Hayes Company **PN:** 053

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | FIDELITY | INTEREST BEARING CASH | 36,191 | 36,191 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |