

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2004</u> and ending <u>12/31/2004</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>TRW AUTOMOTIVE/ICWU LOCAL 192 PENSION PLAN</u>	1b Three-digit plan number (PN) ► <u>005</u> 1c Effective date of plan <u>11/07/1968</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>TRW AUTOMOTIVE US LLC</u> <u>12001 TECH CENTER DRIVE</u> <u>LIVONIA, MI 48150</u>	2b Employer Identification Number (EIN) <u>14-1857697</u> 2c Sponsor's telephone number <u>734-855-2600</u> 2d Business code (see instructions) <u>336300</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>05/11/2012</u>	<u>SHELLY IACOBELLI</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TRW AUTOMOTIVE US LLC 12001 TECH CENTER DRIVE LIVONIA, MI 48150	3b Administrator's EIN 14-1857697 3c Administrator's telephone number 734-855-2600
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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: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	824
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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	171
b Retired or separated participants receiving benefits.....	6b	143
c Other retired or separated participants entitled to future benefits.....	6c	500
d Subtotal. Add lines 6a , 6b , and 6c	6d	814
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	5
f Total. Add lines 6d and 6e	6f	819
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	
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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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning 01/01/2004 and ending 12/31/2004		
A Name of plan TRW AUTOMOTIVE/ICWU LOCAL 192 PENSION PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 TRW AUTOMOTIVE US LLC	D Employer Identification Number (EIN) 14-1857697	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	307116	421715
	(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)	7721146	9052500
	(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)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8028262	9474215

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8028262	9474215
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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)	910517	
(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)		910517
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)		949385
(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		1859902

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	347937	
(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)		347937
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)	10810	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	55202	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		66012
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		413949

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1445953
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: 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.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

- 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)

FINANCIAL STATEMENTS

**TRW Automotive/ICWU Local 192 Pension Plan
December 31, 2004 and 2003, and Year Ended December 31, 2004
With Report of Independent Auditors**

TRW Automotive/ICWU Local 192 Pension Plan

Financial Statements

**December 31, 2004 and 2003, and
Year Ended December 31, 2004**

Table of Contents

Report of Independent Auditors.....	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	2
Statement of Changes in Net Assets Available for Benefits.....	3
Notes to Financial Statements.....	4

Report of Independent Auditors

TRW Automotive U.S. LLC,
Plan Administrator of the
TRW Automotive/ICWU Local 192 Pension Plan
Livonia, Michigan

We were engaged to audit the accompanying financial statements of TRW Automotive/ICWU Local 192 Pension Plan as of December 31, 2004 and 2003, and for the year ended December 31, 2004, as listed in the table of contents. These financial statements 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 Mellon Global Securities Services, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2004 and 2003, and for the year ended December 31, 2004, 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 taken as a whole. The form and content of the information included in the financial statements, 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 23, 2005

TRW Automotive/ICWU Local 192 Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2004	2003
Assets		
Investment in TRW Automotive		
Master Trust, at fair value <i>(Note 4)</i>	\$9,052,500	\$7,721,146
Employer contribution receivable	292,934	307,116
Net assets available for benefits	<u>\$9,345,434</u>	<u>\$8,028,262</u>

See accompanying notes to financial statements.

TRW Automotive/ICWU Local 192 Pension Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2004

Additions

Employer contributions	\$ 781,736
Net investment gain from TRW Automotive Master Trust (<i>Note 4</i>)	<u>949,385</u>
Total additions	<u>1,731,121</u>

Deductions

Benefit payments	347,937
PBGC premiums	55,202
Administrative expenses	<u>10,810</u>
Total deductions	<u>413,949</u>

Net increase in net assets for the year	1,317,172
Net assets available for benefits at beginning of year	<u>8,028,262</u>
Net assets available for benefits at end of year	<u><u>\$ 9,345,434</u></u>

See accompanying notes to financial statements.

TRW Automotive/ICWU Local 192 Pension Plan

Notes to Financial Statements

December 31, 2004 and 2003, and
Year Ended December 31, 2004

1. Summary of Significant Accounting Policies

Investments are stated at aggregate fair value. Investments consist of units of the TRW Automotive Master Trust (Master Trust) at December 31, 2004 and 2003. Investments in the Master Trust are stated at the underlying fair value of investments held by the Master Trust. Fair value is determined as follows: Investments in marketable equity securities and debt securities which are traded on national securities exchanges are valued at the last reported sale price on the last business day of the year. Securities traded in the over-the-counter market are valued at the average of the last reported bid and ask prices. Securities denominated in other than U.S. currency are classified as foreign investments and translated into U.S. dollars at current exchange rates. Cash and cash equivalents are valued at cost, which approximates fair value.

The Master Trust may have invested in indexed securities, whose value was linked either directly or inversely to foreign currencies, interest rates, commodities, indices, or other reference instruments. Index securities may be more volatile than the reference instrument itself, but any loss was limited to the amount of the original investment.

The Master Trust does not amortize premiums or discounts on debt securities because it is not the practice of the Master Trust to hold such investments until maturity. 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.

Use of Estimates

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

Basis of Presentation

The financial statements are presented on the accrual basis of accounting.

TRW Automotive/ICWU Local 192 Pension Plan

Notes to Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

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 to 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.

2. Description of the Plan

The TRW Automotive/ICWU Local 192 Pension Plan (the Plan) is a defined benefit plan covering substantially all hourly employees of the Transportation Electronics Division, Union Springs and Auburn facilities of TRW Automotive U.S. LLC (the Company) and provides pension benefits for such employees.

Detailed information about the Plan is contained in the booklet summarizing plan benefits which is available from the TRW Automotive Benefits Service Center.

The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members on retirement. The Company's contributions to the Plan are based upon amounts required to annually fund normal cost and to amortize the unfunded actuarial liability over 30 years from the effective date of the Plan and any subsequent amendments to the Plan, in accordance with the provisions of Employee Retirement Income Security Act of 1974 (ERISA). Contributions to the Plan have met the minimum funding requirements of ERISA.

TRW Automotive/ICWU Local 192 Pension Plan

Notes to Financial Statements (continued)

2. Description of the Plan (continued)

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 the collective bargaining agreement between the Company and the union. Should the Plan terminate at some future time, its net assets will be allocated as prescribed by ERISA and its related regulations and, thus generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time and the level of plan funding. Some benefits may be fully or partially provided for by the then existing assets and the PBGC benefit guarantee, while other benefits may not be provided for at all.

Certain costs of administering the Plan are paid by the Company.

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, 2004 and 2003, 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.

TRW Automotive/ICWU Local 192 Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information follows:

	December 31	
	2004	2003
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 3,349,756	\$ 2,993,978
Other participants	8,315,848	6,896,624
	11,665,604	9,890,602
Nonvested benefits	76,300	68,714
Total actuarial present value of accumulated plan benefits	<u>\$ 11,741,904</u>	<u>\$ 9,959,316</u>

Changes in accumulated plan benefits:

Actuarial value of accumulated plan benefits at beginning of year	\$ 9,959,316
Change in actuarial assumptions	1,295,415
Benefits accumulated, including net gains/losses	199,062
Increase for interest due to the decrease in discount period	636,048
Benefits paid	(347,937)
Net increase	<u>1,782,588</u>
Actuarial value of accumulated plan benefits at end of year	<u>\$ 11,741,904</u>

TRW Automotive/ICWU Local 192 Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

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

	December 31	
	2004	2003
Interest rate	5.75%	6.50%
Mortality basis	UP-94 Mortality Table (Projected to 2004)	UP-94 Mortality Table (Projected to 2004)
Employee turnover	Rates varying by age and sex	Rates varying by age and sex
Retirement	Rates varying by age after attaining 10 years of service	Rates varying by age after attaining 10 years of service
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. Master Trust

All investment information disclosed in the accompanying financial statements including investments held at December 31, 2004 and 2003, and net investment gain from Master Trust, net appreciation (depreciation) in fair value of investments, interest and dividend income, real estate income, other income and investment expenses for the year ended December 31, 2004, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Mellon Global Securities Service, the Trustee. Such information has not been examined by independent auditors.

TRW Automotive/ICWU Local 192 Pension Plan

Notes to Financial Statements (continued)

4. Master Trust (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 1.2% and 1.08% at December 31, 2004 and 2003, respectively. Investment income and expenses are allocated to the Plan based upon its pro rata share in the net assets of the Master Trust.

The following table presents the fair values of assets for the Master Trust at December 31, 2004 and 2003:

	2004	2003
Investments:		
Cash equivalents	\$ 325,711	\$ 8,083
Common stock	363,028,203	311,731,049
Preferred stock	977,130	—
Common/collective trusts	405,492,292	435,658,570
Registered investment companies	—	265,920
Total investments	769,823,336	747,663,622
Cash	—	(342,770)
Dividends receivable	521,961	252,179
Net receivables for security sales	830,309	777,745
Other assets	29,570	30,312
Net payables for security purchases	(1,229,787)	(972,101)
Payable to Northrup Grumman Corporation	—	(31,736,969)
Receivable due to plan merger	—	1,027,601
Total assets	\$ 769,975,389	\$ 716,699,619

TRW Automotive/ICWU Local 192 Pension Plan

Notes to Financial Statements (continued)

4. Master Trust (continued)

Investment income for the Master Trust is as follows for the year ended December 31, 2004:

Net appreciation (depreciation) in fair value of investments determined by quoted market price:	
Cash equivalents	\$ (620,023)
Common stock	53,999,373
Common/collective trusts	29,792,707
Registered investment companies	(15,216)
Preferred stock	75,386
	<hr/>
	83,232,227
Interest income	291,644
Dividend income	4,327,648
	<hr/>
	<u>\$ 87,851,519</u>

5. 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. Such transactions are exempt from being prohibited transactions.

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

Administrative fees relating to accounting, actuarial, benefits administration and advisory services are paid by the Plan. Other than those described above or pursuant to a certain trust agreement (see Notes 2, 3, and 4), the Plan has had no agreements or transactions with related parties.

TRW Automotive/ICWU Local 192 Pension Plan

Notes to Financial Statements (continued)

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated July 2, 2002, 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 qualification. The plan administrator believes the Plan is being operated 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.

7. Risks and Uncertainties

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

8. Subsequent Events

Effective January 1, 2005, administration of the Plan was transferred to Fidelity Investments.

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Service Provider Information

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

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2004

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

For calendar plan year 2004 or fiscal plan year beginning _____ and ending _____

A Name of plan
TRW AUTOMOTIVE/ICWU LOCAL 192 PENSION PLAN

B Three-digit
plan number ► 005

C Plan sponsor's name as shown on line 2a of Form 5500
TRW AUTOMOTIVE US LLC

D Employer Identification Number
14-1857697

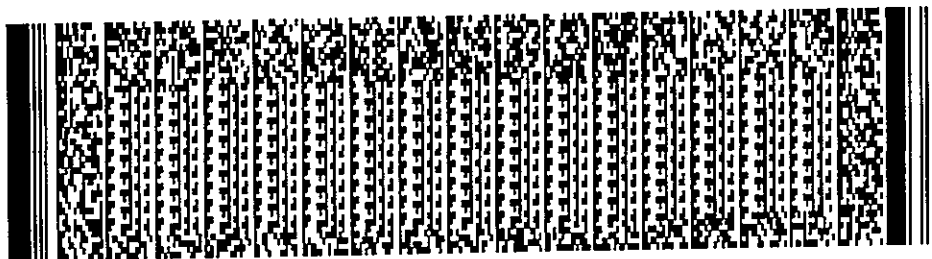
Part III Service Provider Information (see instructions)

- 1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** 4585
- 2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

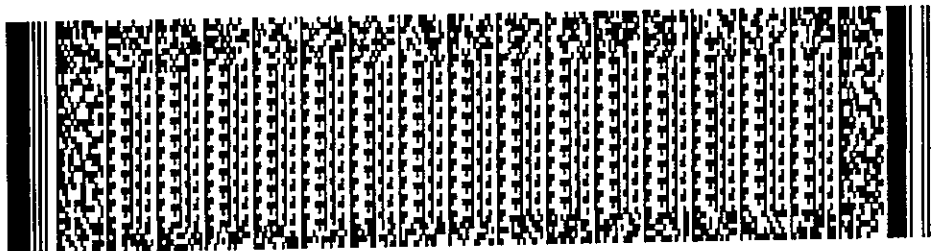
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		CONTRACT ADMINISTRATOR				12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
ERNST & YOUNG, LLP	34-6565596	AUDITOR				
					6225	10

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(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name ROBERT M. O'KEEFE, TOWERS PERRIN (b) EIN 23-1159360

(c) Position ACTUARY

1000 TOWN CENTER, SUITE 950
(d) Address SOUTHFIELD MI 48075-1225

(e) Telephone No. 248-208-1100

Explanation: ELECTED TO TRANSITION TO A NEW ACTUARY

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

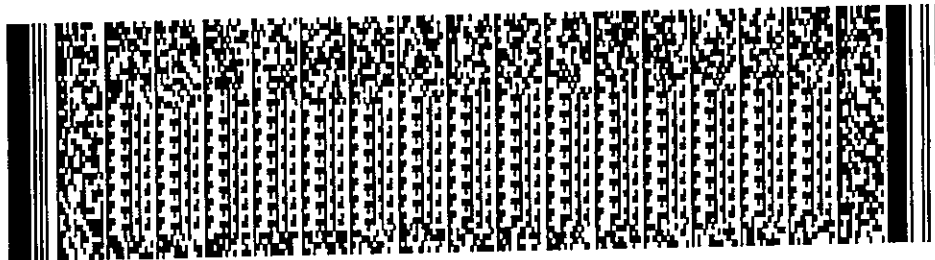
(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____



**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2004

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

For calendar year 2004 or fiscal plan year beginning _____ and ending _____

A Name of plan
TRW AUTOMOTIVE/ICWU LOCAL 192 PENSION PLAN

B Three-digit
plan number ► 005

C Plan sponsor's name as shown on line 2a of Form 5500
TRW AUTOMOTIVE US LLC

D Employer Identification Number
14-1857697

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
- 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). 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

1	\$
3	0

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

- 4** Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? ☐ Yes ☐ No ☒ N/A
If the plan is a defined benefit plan, go to line 7.

- 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 Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

- 6a** 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, do not complete the remainder of this schedule.

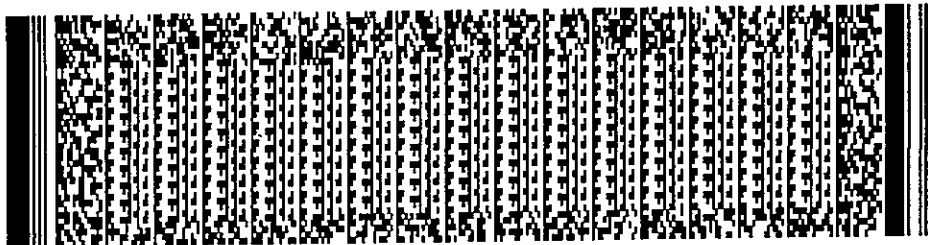
- 7** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic
approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A

Part III Amendments

- 8** If this is a defined benefit pension plan, were any amendments adopted during this plan year that
increased the value of benefits? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v7.2 Schedule R (Form 5500) 2004



**SCHEDULE P
(FORM 5500)**

**Annual Return of Fiduciary
of Employee Benefit Trust**

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

► File as an attachment to Form 5500 or 5500-EZ.

Official Use Only

OMB No. 1210-0110

2004

This Form is Open to
Public Inspection.

Department of the Treasury
Internal Revenue Service

For trust calendar year 2004 or fiscal year beginning 01/01/2004 and ending 12/31/2004

1a Name of trustee or custodian

MELLON TRUST OF NEW ENGLAND NA

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

135 SANTILLI HIGHWAY

c City or town, state, and ZIP code

EVERETT

MA 02149-1950

2a Name of trust

TRW AUTOMOTIVE MASTER TRUST

b Trust's employer identification number

83-0349309

3 Name of plan if different from name of trust

ICWU LOCAL 192 PENSION PLAN

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?

☒ Yes ☐ No

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ

14-1857697

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.



Signature of
fiduciary

Kelly A. Wallner

Date

9/12/05

For the Paperwork Reduction Notice and OMB Control Numbers,
see the instructions for Form 5500 or 5500-EZ.

v7.2

Schedule P (Form 5500) 2004



**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ Attach to Form 5500 or 5500-EZ if applicable.

▶ See separate instructions.

Official Use Only

OMB No. 1210-0110

2004

This Form is Open to Public
Inspection (except when
attached to Form 5500-EZ).

For calendar plan year 2004 or fiscal plan year beginning _____ and ending _____

▶ 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 TRW AUTOMOTIVE/ICWU LOCAL 192 PENSION PLAN	B Three-digit plan number ... ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ TRW AUTOMOTIVE US LLC	D Employer Identification Number 14-1857697
E Type of plan: (1) ☐ Multiemployer (2) ☒ Single-employer (3) ☐ Multiple-employer	F ☐ 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

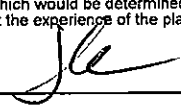
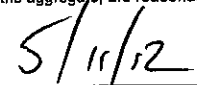
1a Enter the actuarial valuation date: Month 01 Day 01 Year 2004

b Assets:

(1) Current value of assets	b(1)	8028262
(2) Actuarial value of assets for funding standard account	b(2)	8307213
c (1) Accrued liability for plans using immediate gain methods	c(1)	8202442
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

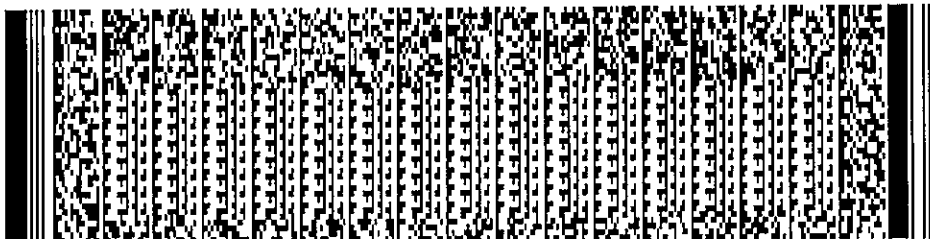
Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

SIGN HERE 	Signature of actuary JAMES D. KERSHNER Type or print name of actuary	 Date 11-03526 Most recent enrollment number 313-259-5500 Telephone number (including area code)
Firm name 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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500 or 5500-EZ v7.2 Schedule B (Form 5500) 2004



1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	9838561
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	139244
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	9838561
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	377831
(3) Expected plan disbursements for the plan year	d(3)	377831

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)		2a		8028262
b "RPA '94" current liability:		(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
	(1) For retired participants and beneficiaries receiving payments	145	2954612	2954612
	(2) For terminated vested participants	486	3008991	3008991
	(3) For active participants	193	3790934	3874958
	(4) Total	824	9754537	9838561
c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage			2c	%

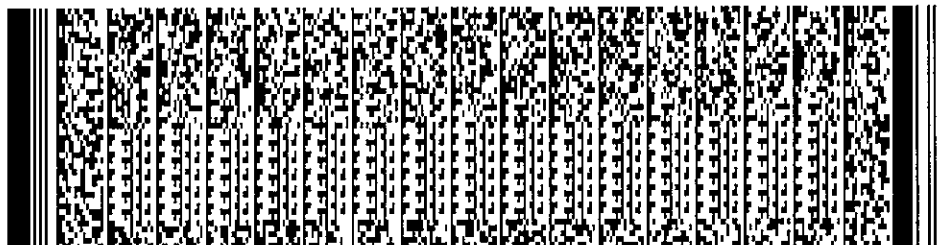
3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
04/15/2004	162934				
07/13/2004	162934				
10/15/2004	162934				
01/15/2005	162934				
04/15/2005	128781				
09/15/2005	130000				
3 Totals ▶ (b)				910517	(c) 0

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	4a	83.4 %
b If line 4a is less than 100%, see instructions, and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0



5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

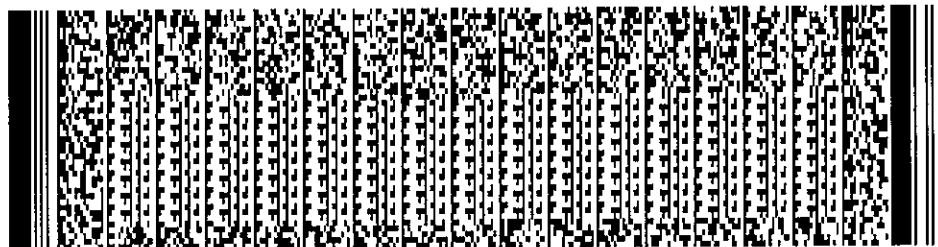
- a** ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit)
- d** ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium

g ☐ Individual aggregate **h** ☐ Other (specify) ▶**i** Has a change been made in funding method for this plan year? ☐ Yes ☒ No**j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No**k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method ☐ Yes ☐ No**6** Checklist of certain actuarial assumptions:

a Interest rates for "RPA '94" current liability	6a	6.55 %	☐ N/A
b Weighted average retirement age	6b	63	☐ N/A
c Rates specified in insurance or annuity contracts	☐ N/A		☐ N/A
d Mortality table code for valuation purposes:			
(1) Males	d(1)	8P04	8P04
(2) Females	d(2)	8FP04	8FP04
e Valuation liability interest rate	☐ N/A		☐ N/A
f Expense loading	☒ N/A		☒ N/A
g Annual withdrawal rates:			
(1) Age 25	g(1)	9.94 %	14.95 %
(2) Age 40	g(2)	2.82 %	4.88 %
(3) Age 55	g(3)	0.00 %	0.40 %
h Salary scale	☒ N/A		☒ N/A
i Estimated investment return on actuarial value of assets for the year ending on the valuation date	6i	6.2 %	

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	-15115	-3535

8 Miscellaneous information:**a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval ☐ Yes ☐ No

8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule

☒ Yes

☐ No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	44986
c Amortization charges as of valuation date:	Outstanding Balance	
(1) All bases except funding waivers	(\$ 496269)	c(1) 91593
(2) Funding waivers	(\$ 0)	c(2) 0
d Interest as applicable on lines 9a, 9b, and 9c	9d	11609
e Additional interest charge due to late quarterly contributions, if applicable	9e	0
f Adjusted additional funding charge from Part II, line 12q, if applicable ☐ N/A	9f	337504
g Total charges. Add lines 9a through 9f	9g	485692

Credits to funding standard account:

h Prior year credit balance, if any	9h	0
i Employer contributions. Total from column (b) of line 3	9i	910517
j Amortization credits as of valuation date	Outstanding Balance	
	(\$ 17654)	9j 4452
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j	9k	19303
l Full funding limitation (FFL) and credits		
(1) ERISA FFL (accrued liability FFL)	l(1) 237796	
(2) "RPA '94" override (90% current liability FFL)	l(2) 597588	
(3) FFL credit	l(3)	0
m (1) Waived funding deficiency	m(1)	0
(2) Other credits	m(2)	0
n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)	9n	934272
o Credit balance: If line 9n is greater than line 9g, enter the difference	9o	448580
p Funding deficiency: If line 9g is greater than line 9n, enter the difference	9p	0

Reconciliation account:

q Current year's accumulated reconciliation account:		
(1) Due to additional funding charges as of the beginning of the plan year	q(1) 478615	
(2) Due to additional interest charges as of the beginning of the plan year	q(2) 0	
(3) Due to waived funding deficiencies:		
(a) Reconciliation outstanding balance as of valuation date	q(3)(a) 0	
(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b) 0	
(4) Total as of valuation date	q(4) 478615	

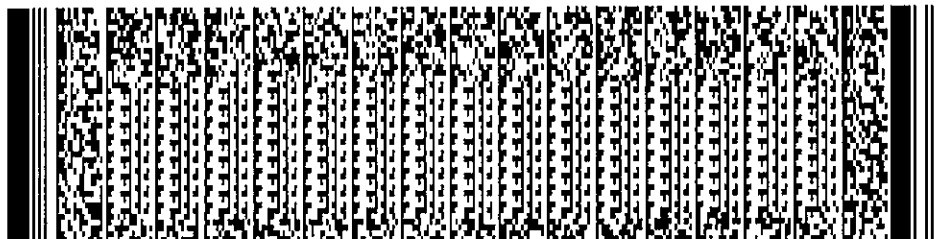
10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable

10

0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

☒ Yes

☐ No


Part II Additional Information for Certain Plans Other Than Multiemployer PlansPlease see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.**12** Additional required funding charge (see instructions):

- a**
- Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.

If line 12a is at least 90%, go to line 12q and enter -0-.

If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q

and enter -0-. Otherwise, go to line 12b

- b**
- "RPA '94" current liability. Enter line 1d(2)(a)

- c**
- Adjusted value of assets (see instructions)

- d**
- Funded current liability percentage. Divide line 12c by 12b and multiply by 100

- e**
- Unfunded current liability. Subtract line 12c from line 12b

- f**
- Liability attributable to any unpredictable contingent event benefit

- g**
- Outstanding balance of unfunded old liability

- h**
- Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative

- i**
- Unfunded new liability amount (
- 20.22
- % of line 12h)

- j**
- Unfunded old liability amount

- k**
- Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b)

- l**
- Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero

m Unpredictable contingent event amount:

- (1)**
- Benefits paid during year attributable to unpredictable contingent event

- (2)**
- Unfunded current liability percentage. Subtract the percentage on line 12d from 100%

- (3)**
- Enter the product of lines 12m(1) and 12m(2)

- (4)**
- Amortization of all unpredictable contingent event liabilities

- (5)**
- "RPA '94" additional amount (see instructions)

- (6)**
- Enter the greatest of lines 12m(3), 12m(4), or 12m(5)

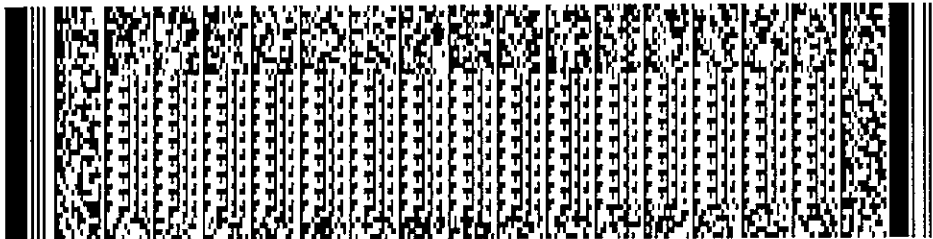
- n**
- Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest

- o**
- Contributions needed to increase current liability percentage to 100% (see instructions)

- p**
- Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o

- q**
- Adjusted additional funding charge. (
- 100
- .0% of line 12p)

12a	84.4	%
12b	9838561	
12c	8307213	
12d	84.44	%
12e	1531348	
12f	0	
12g	0	
12h	1531348	
12i	309639	
12j	0	
12k	448883	
12l	132127	
m(1)	0	
m(2)	15.56	%
m(3)	0	
m(4)	0	
m(5)	0	
m(6)	0	
12n	337504	
12o	1478345	
12p	337504	
12q	337504	



**ATTACHMENTS TO SCHEDULE B (FORM 5500)
ACTUARIAL INFORMATION**

**Plan: TRW Automotive/ICWU Local 192 Pension Plan
EIN/PN: 14-1857697/ 005**

We used and relied upon financial data submitted by the trustee without further audit. We have also used and relied on participant data supplied by the plan sponsor; these data would customarily not be verified by a plan's actuary. We have reviewed the participant data for internal consistency and reasonableness and have no reason to doubt its substantial accuracy. The plan is solely responsible for the validity and completeness of this information.

The following separate exhibits are attached:

- Schedule B, Line 6 – Summary of Plan Provisions
- Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods
- Schedule B, Line 6b – Description of Weighted Average Retirement Age
- Schedule B, Line 8c – Schedule of Active Participant Data
- Schedule B, Lines 9c and 9j –Schedule of Funding Standard Account Bases
- Schedule B, Line 11 – Justification for Change in Actuarial Assumptions

Schedule B, Line 6 – Summary of Plan Provisions

<i>Effective date</i>	November 7, 1968
<i>Contract end date</i>	March 1, 2004
<i>Covered employees</i>	Hourly paid employees of the Auburn or Union Springs Plant who are members of the ICWU Local 192.
<i>Participation date</i>	Date of becoming a covered employee.

Definitions

<i>Vesting service</i>	Years and months of service from last date of hire to date of termination of employment, including any service reinstated prior to a break-in-service.
<i>Benefit service</i>	Years and months of service as a covered employee including up to 12 months on layoff.
<i>Normal retirement date (NRD)</i>	First of month following the attainment of age 65 with five years of vesting service.
<i>Monthly pension benefit</i>	\$20.00 times benefit service, effective March 1, 2001.
<i>Monthly disability benefit</i>	A monthly pension equal to the unreduced early retirement benefit.

Eligibility for Benefits

<i>Normal retirement</i>	Retirement at NRD
<i>Early retirement</i>	Retirement before NRD and or after both attaining age 55 and completing ten years of vesting service.
<i>Postponed retirement</i>	Retirement after NRD.
<i>Disability</i>	Totally and permanently disabled, after attaining age 60 and completing five years of vesting service.
<i>Deferred vested</i>	Termination for reasons other than death or retirement after completing five years of vesting service.
<i>Pre-retirement spouse benefit</i>	Death while eligible for vested retirement benefits, having been married at least one year.

Monthly Benefits Paid Upon the Following Events

<i>Normal retirement</i>	Monthly pension benefit determined as of NRD.
<i>Early retirement</i>	Monthly pension benefit determined as of early retirement date, reduced by 6.0% for each year of payment before age 65.
<i>Postponed retirement</i>	Monthly pension benefit determined as of actual retirement date.
<i>Disability benefit</i>	Monthly pension benefit determined as of disability date, payable immediately. Disability provision is considered to terminate at the earlier of attaining age 65 or when early retirement eligibility requirements are met.

Schedule B, Line 6 – Summary of Plan Provisions

<i>Termination with deferred vested benefit</i>	An employee will receive a deferred pension commencing between the ages of 55 and 65 reduced 6.0% for each year by which commencement of benefits precedes age 65. The pension can only commence early if the employee had ten or more years of vesting service.
<i>Death with pre-retirement spouse benefits</i>	The benefit is calculated as if the employee had terminated his employment on the date of his death, had elected to have his pension commence on his earliest retirement date, had elected the 50% joint and survivor option, had survived to his earliest retirement date and died the following day.
<i>Normal form</i>	Life annuity if the participant has no spouse as of the date payments begin. If married, benefits are paid in the form of a 50% qualified joint and survivor annuity.
<i>Other forms of payment</i>	If participant elects and the spouse consents (if applicable), another actuarially equivalent optional form is offered by the plan. Pre-retirement spouse benefits are payable only as described above. Optional forms are 100%, 75% or 50% contingent annuitant.
<i>Maximum on benefits</i>	All benefits for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.
Changes in Plan Provisions Since Prior Year	Plan provisions have not changed since prior year, except to reflect the actual current year changes in Internal Revenue Code maximums on benefits.

Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods

Cost Method Used for Funding

Actuarial cost method: Liabilities and contributions shown in this report are computed under the entry age normal cost method of funding.

Changes in actuarial cost method since prior valuation: The following changes were made since the last actuarial valuation as of January 1, 2004.

Current liability: The current liability is a present value of accrued benefits determined in accordance with IRC Section 412(l). The accrued benefits, including benefits accruing during the year, are valued under as many as three different measures:

- The RPA '94 current liability is computed using an interest rate between 90% and 100% of the weighted four-year average corporate bond rate. However, solely for purposes of the alternate maximum deductible limit under Code Section 404, employers may elect to use a rate in the range of 90% – 105% of the weighted four-year average of the 30-year Treasury rates. The required mortality table is the 1983 Group Annuity Mortality Table, however for disabled participants, different IRS mandated tables may be used, as specified in Revenue Ruling 96-7.
- The gateway current liability is computed using an interest rate equal to the highest interest rate allowed in the RPA '94 permissible range and the same mortality tables as the RPA '94 current liability.

Financial and census data: We used financial data submitted by the trustee as of January 1, 2004 without further audit and participant data as supplied by the plan sponsor. 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.

IRC Section 415(b): The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

Participants included: The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities. No actuarial liability is included for participants who terminated nonvested prior to the valuation date.

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.

Disabled participants: The liabilities for participants on long-term disability have been included with the liabilities for terminated vested participants.

Estimated benefits: We estimated benefits for terminated vested participants, to the extent that exact termination calculations were not provided to us.

Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods

The actuarial value of assets is determined on a smoothed basis that recognizes the market value of assets at the valuation date. Under the specific method employed, the actuarial value of assets is determined according to the following procedure date:

1. An expected actuarial value of assets at the valuation is determined from the actuarial value at the prior valuation date, by adding contributions made for the prior year; subtracting actual benefits and plan expenses paid from plan assets for the prior year; and adding interest at the prior year's valuation rate of interest.
2. The final actuarial value is determined as the expected actuarial value, plus 25% of the difference between the market value of assets and the expected actuarial value. (The final value thus determined cannot exceed 120% of the market value, and cannot be less than 80% of the market value.)

Schedule B, Line 6 – Statement of Actuarial Assumptions/Methods

Economic Assumptions	Pension Cost
Interest Rates:	
- ERISA funding determinations	8.50%
- Current liability determinations	6.55%
- Accumulated plan benefits under SFAS No. 35	6.50%
Annual rates of increase in:	
- Salaries	5.00%
- Future Social Security wage bases	3.00%
- Indexed limits on compensation and benefits	N/A

Demographic Assumptions

Mortality	UP 94 (1994 uninsured pensioner mortality table projected to 2004 for males and females)
- Healthy (a)	1977 Railroad Retirement Board Fully Disabled Mortality Table (males and females)
- Disabled (b)	PBGC Disability Mortality Table
- Disabled (c)	(a) 1983 Group Annuity Mortality Table used for all Current Liability measurements
	(b) Only applicable to Brighton, Detroit, Fayette, Fremont, Gunite, Jackson, Kingsway, Milford, Mt. Vernon and Kelsey-Hayes salaried benefit structure within LRA Plan
	(c) Only applicable to Lucas benefit structure within LRA Plan

Termination Rates

<i>Salaried Plan</i>	Rates varying by age and service. Sample rates:					
<i>Completed years of service:</i>	<u>Age</u>	<u><3</u>	<u>5</u>	<u>10</u>	<u>15</u>	<u>25</u>
	25	0.2400	0.1950	0.1500	0.0700	0.0300
	35	0.2000	0.1625	0.1250	0.0700	0.0300
	45	0.1600	0.1300	0.1000	0.0700	0.0300
	55	0.0000	0.0000	0.0000	0.0000	0.0000
<i>LRA Plan</i>	Rates varying by group and sex. Sample rates:					
		<u>Lucas Group</u>		<u>Kelsey-Hayes Group</u>		
	<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Both Sexes</u>		
	20	0.1380	0.1870	0.1160		
	30	0.0480	0.0560	0.0760		
	40	0.0147	0.0158	0.0440		
	50	0.0021	0.0021	0.0280		
	60	0.0000	0.0000	0.0040		
<i>Brighton, Fayette, Gunite, Jackson, Kingsway, Mt. Vernon</i>	Rates varying by age. Sample rates:					
	<u>Age</u>	<u>Rate</u>				
	20	0.116				
	30	0.076				
	40	0.044				
	50	0.028				
	60	0.004				

Schedule B, Line 6 -- Statement of Actuarial Assumptions/Method

Termination Rates (continued)

Complemental Danville, ICWU Local 192 Auburn, Lafayette, Lebanon, UAW Local 2400 Cleveland	Rates varying by age and sex. Sample rates:		
	Age	Male	Female
	20	0.1495	0.2496
	30	0.0691	0.0994
	40	0.0282	0.0488
	50	0.0399	0.0167
	60	0.0000	0.0000
Fasteners	Rates varying by age and sex (the termination rate is .250 in the first year of employment regardless of age or sex). Sample rates:		
	Age	Male	Female
	20	0.0860	0.1170
	30	0.0520	0.0660
	40	0.0315	0.0405
	50	0.0000	0.0000
	60	0.0000	0.0000
Sterling	Rates varying by age and sex. Sample rates:		
	Age	Male	Female
	20	0.0860	0.1170
	30	0.0520	0.0660
	40	0.0315	0.0405
	50	0.0195	0.0260
	60	0.0000	0.0000

Disability Rates

Salaried Plan	Rates varying by age and sex. Sample rates:		
	Age	Male	Female
	20	0.00060	0.00090
	30	0.00060	0.00090
	40	0.00074	0.00110
	50	0.00179	0.00268
	60	0.00690	0.01035
LRA Plan -- Kelsey-Hayes, Brighton, Fayette, Gunite, Jackson, Kingsway, Mt. Vernon	Rates varying by age. Sample rates:		
	Age	Rate	
	20	0.00105	
	30	0.00115	
	40	0.00215	
	50	0.00587	
	60	0.02098	
LRA Plan -- Lucas group, Complemental Danville and Fasteners	Not applicable: no disability benefits.		
ICWU Local 192 Auburn, Lafayette, Lebanon, Sterling, UAW Local 2400 Cleveland	Rates varying by age and sex. Sample rates:		
	Age	Male	Female
	20	0.000600	0.000900
	30	0.000600	0.000900
	40	0.000735	0.001102
	50	0.001785	0.002677
	60	0.006900	0.010350

Schedule B, Line 6 – Statement of Actuarial Assumptions/Method

Retirement Rates

<i>Salaried Plan</i>	Rates varying by age. Rates:	
	Age	Rate
	55	0.20
	56 – 59	0.05
	60 – 61	0.20
	62	0.30
	63	0.25
	64	0.30
	65	0.50
	66 – 69	0.40
	70	1.00
<i>LRA Plan (component of Salaried Plan)</i>	For Lucas group: age 63, if eligible for early retirement; otherwise later of age 65 and 5 years of participation. For Kelsey-Hayes group: Rates varying by age. Rates:	
	Age	Rate
	55 – 58	0.04
	59 – 61	0.07
	62	0.25
	63 – 64	0.15
	65	1.00
<i>Brighton, Kingsway, Mt. Vernon</i>	Rates varying by age. Rates:	
	Age	Rate
	55 – 61	0.02
	62 – 64	0.30
	65	1.00

Retirement Rates (continued)

<i>Complemental(Danville)</i>	Rates varying by age after attaining 10 years of service. Rates:		
	Age	Danville	Louisville
	58	0.05	0.00
	59	0.10	0.00
	60	0.15	0.05
	61	0.20	0.05
	62	0.30	0.20
	63	0.40	0.20
	64	0.50	0.40
	65	1.00	1.00
<i>Gunite, Jackson</i>	Rates varying by age and service. Sample rates:		
	Age	With <30 Years of Service	With 30 Years of Service
	55 – 61	0.02	0.30
	62 – 64	0.30	0.50
	65	1.00	1.00
<i>Fasteners</i>	Rates varying by age. Sample rates:		
	Age	Rate	
	55 – 59	0.05	
	60 – 61	0.20	
	62	0.30	
	63	0.25	
	64	0.30	
	65	1.00	

Schedule B, Line 6 – Statement of Actuarial Assumptions/Method

Retirement Rates (continued)

Fayette	Rates varying by age. Sample rates:	
	Age	Rate
	55	0.0250
	56	0.0300
	57	0.0350
	58	0.0425
	59	0.0550
	60	0.0675
	61	0.0900
	62	0.2250
	63	0.1750
	64	0.2350
	65	1.0000

ICWU Local 192 Auburn	Rates varying by age. Sample rates:	
	Age	Rate
	60 – 61	0.05
	62 – 63	0.20
	64	0.40
	65	1.00

Lafayette	Rates varying by age and service. Sample rates:		
	Age	With 10 Years of Service	With 30 Years of Service
	55 – 59	0.00	0.20
	60	0.22	0.22
	61	0.26	0.26
	62	0.35	0.35
	63	0.49	0.49
	64	0.71	0.71
	65	1.00	1.00

Lebanon	Rates varying by age and service. Sample rates:		
	Age	With 10 Years of Service	With (Age + Service) at Least 85
	55	0.00	0.30
	56	0.00	0.25
	57 – 59	0.00	0.20
	60	0.05	0.20
	61	0.10	0.20
	62	0.20	0.25
	63	0.30	0.35
	64	0.50	0.50
	65	1.00	1.00

Sterling	Rates varying by age. Sample rates:	
	Age	Rate
	55 – 61	0.06
	62	0.40
	63 – 64	0.30
	65	0.75
	66 – 69	0.50
	70	1.00

Schedule B, Line 6 – Statement of Actuarial Assumptions/Method

Form of Payment	
<i>Salaried Plan</i>	85% are assumed to take a lump sum; balance assumed to take a life annuity.
<i>LRA Plan</i>	For Lucas Retirement Account group, 15% of all active participants are assumed to elect a life annuity, and 85% are assumed to elect a life annuity. 100% of vested terminated participants are assumed to elect annuities. The conversion basis from a lump sum to an annuity is 4.75% with Revenue Ruling 2001-62 mortality (50% male, 50% female). For the Kelsey-Hayes group, 70% of males and 10% of females elect postretirement survivorship coverage; the balance are assumed to elect a life annuity.
<i>TRW Hourly Plans¹</i>	Life annuity
<i>Lucas Varsity Plans²</i>	70% of males and 20% of females elect post-retirement survivorship coverage. The rest elect life annuity.
<i>Loadings</i>	Benefit liabilities for current deferred terminated vested participants have been loaded 2% to reflect the estimated value of the REA preretirement death benefit for the following plans or components: Brighton, Detroit, Fremont, Gunite, Jackson, Kingsway, Milford, Mt. Vernon and the legacy Salaried K-H benefit structure.
<i>Administrative expense</i>	Investment return is assumed to be net of expenses.
<i>Percentage married</i>	Salaried plan 80%. Hourly plans – 80% males, 50% females
<i>Spouse age</i>	Wives are assumed to be three years younger than husbands

¹ TRW Plans and Components: Complemental (Danville), Fasteners, ICWU Local 192 (Auburn), Lafayette, Lebanon, Sterling, UAW Local 2400 (Cleveland).

² Lucas Varsity Plans and Components: Brighton, Fayette, Fremont, Gunite, Jackson, Kingsway, Milford, Mount. Vernon.

Return from Laid-Off Status:

Lucas Varsity Plans Error! Bookmark not defined.

No layoffs return. Appropriate service creep (additional service with a maximum of 1.9 years) is added to benefit and vesting service for participants in the collectively bargained plans that provide for it. Individuals are then treated as vested or nonvested terminations in valuation based on vesting service (including creep, if applicable).

Schedule B, Line 6 – Statement of Actuarial Assumptions/Method

Actuarial Methods

<i>- Actuarial cost method</i>	<p><i>Salaried Plan:</i> Entry age normal cost method <i>Fasteners Plan:</i> Projected unit credit method <i>All other plans:</i> Unit credit method</p>
<i>- Actuarial value of assets</i>	<p><i>Salaried Plan:</i> Actuarial value of assets reflects uniform recognition over 5 years of gains and losses arising in the 5 years preceding the valuation date. For this purpose, the gain or loss in any year is determined by comparing the actual and expected market value at the end of that year. Gains and losses arising from years prior to 2003 are not considered, and the actuarial value was reset at January 1, 2004 to equal the market value at that date.</p> <p><i>Legacy Lucas Varsity Plans :</i> Actuarial value of assets reflects uniform recognition over 5 years of gains and losses arising in the 5 years preceding the valuation date. For this purpose, the gain or loss in any year is determined by comparing the actual and expected market value at the end of that year.</p> <p><i>Legacy TRW Plans:</i> Actuarial value equals 75% of the expected actuarial value of assets, plus 25% of the actual market value of assets, at the valuation date. For this purpose, expected actuarial value equals the actuarial value at the prior valuation date, adjusted to the current valuation date for actual contributions, benefits and expenses for the prior year, and for interest at the prior year's valuation rate.</p>
<i>Benefits Not Valued</i>	<p>All benefits described in the Plan Provisions section of this report were valued except the \$15 supplemental disability benefit for Sterling due to the assumption that all disabled employees will receive Social Security disability payments and the qualified Social Security Supplement for the Salaried Plan due to the assumption that deferred vested employees are assumed to retire at age 65.</p>
<i>Change in Assumptions and Methods Since Prior Valuation</i>	<p>Effective January 1, 2004, the lump sum election rate under the LRAcash balance component was increased from 0% to 85%, for active participants, and from 80% to 0% for terminated vested participants.</p>
<i>Data Sources</i>	<p>Participant data was provided by TRW Automotive directly with respect to certain locations, and by TRW Automotive's administrative designates (Citistreet, Mercer Human Resource Consulting, and Benefits Outsourcing Solutions) with respect to the locations for which those organizations provided postretirement benefits administrative services during 2003.</p>

Schedule B, Line 6 b- Description of Weighted Average Retirement

(A)	(B)	(C)
Retirement Age	Number of Employees Expected to Retire	(A) x (B)
55	0	0
56	0	0
57	0	0
58	0	0
59	0	0
60	25	1,500
61	24	1,449
62	90	5,596
63	72	4,549
64	116	7,393
65	<u>173</u>	<u>11,263</u>
Total	500	31,749
Average		63.5

Schedule B, Line 8c – Schedule of Active Participant Data

Age	Years of Service										Total
	0-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25											0
25 - 29				1							1
30 - 34			2	2							4
35 - 39			2	8	13	2					25
40 - 44			4	4	18	14					40
45 - 49			1	14	8	13	7	4			47
50 - 54			5	4	14	7	1	5			36
55 - 59			3	2	7	1	2	4	3		22
60 - 64			1	2	2	5	2	2	1		15
65 - 69			1							1	2
70 +								1			1
Total	0	0	19	37	62	42	12	16	4	1	193

Schedule B, Lines 9c and 9j –Schedule of Funding Standard Account Bases

Amortization Schedule for Minimum Funding Standard

Charge	Amortization Period			Balances		Beginning-of-Year Payment
	Date Created	Initial Years	Years Left	Initial	Outstanding	
2001 Plan Change	01/01/2001	30	27	\$ 255,247	\$ 248,544	\$ 21,890
2002 Actuarial Loss	01/01/2003	5	4	298,020	247,725	69,703
Total					\$ 496,269	\$ 91,593

Credit	Amortization Period			Balances		Beginning-of-Year Payment
	Date Created	Initial Years	Years Left	Initial	Outstanding	
2001 Actuarial Gain	01/01/2002	5	3	\$ 3,919	\$ 2,539	\$ 917
2003 Actuarial Gain	01/01/2004	5	5	15,115	15,115	3,535
Total					\$ 17,654	\$ 4,452

Reconciliation Account	January 1, 2004
1. Accumulated additional funding charges	\$ 478,615
2. Accumulated interest charges on late quarterly payments	0
3. Accumulated adjustment for waived funding deficiencies	0
4. Reconciliation account balance at end of prior plan year <i>(1. + 2. + 3.)</i>	\$ 478,615

Equation of Balance	
1. Net amount of amortization bases outstanding on January 1, 2004	\$ 478,615
2. Credit balance in funding standard account on January 1, 2004	0
3. Reconciliation account balance on January 1, 2004	478,615
4. Unfunded actuarial accrued liability on January 1, 2004 <i>(1. - 2. - 3., not less than \$0)</i>	\$ 0

Schedule B, Line 11 – Justification for Change in Actuarial Assumptions

The Gateway and RPA '94 current liability interest rates were changed from 6.65% to 6.55%. The interest rates were changed due to changes in the required interest rate under Code Section 412(1)(7)(C)(i). The interest rate used in determining the current liability for alternative maximum unfunded liability purposes were revised from 6.55% to 4.72%, as allowed under Code Section 404(a)(1)(F).

**SCHEDULE T
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Qualified Pension Plan Coverage Information

This form is required to be filed under section 6058(a) of the
Internal Revenue Code (the Code).

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

Official Use Only

OMB No. 1210-0110

2004

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

For calendar year 2004 or fiscal plan year beginning _____ and ending _____

A Name of plan TRW AUTOMOTIVE/ICWU LOCAL 192 PENSION PLAN	B Three-digit plan number ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 TRW AUTOMOTIVE US LLC	D Employer Identification Number 14-1857697

Note: If the plan is maintained by:

- More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule T may be required for each employer (see the instruction for line 1).
- An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule T may be required for each QSLOB (see the instruction for line 2).

1 If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:

1a Name of participating employer	1b Employer identification number
--	--

2 If the employer maintaining the plan operates QSLOBs, enter the following information:

- a** The number of QSLOBs that the employer operates is _____.
- b** The number of such QSLOBs that have employees benefiting under this plan is _____.
- c** Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a QSLOB basis? ... ☐ Yes ☐ No
- d** If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage information given on line 3 or 4 relates.
►

3 Exceptions – Check the box before each statement that describes the plan or the employer. Also see instructions.

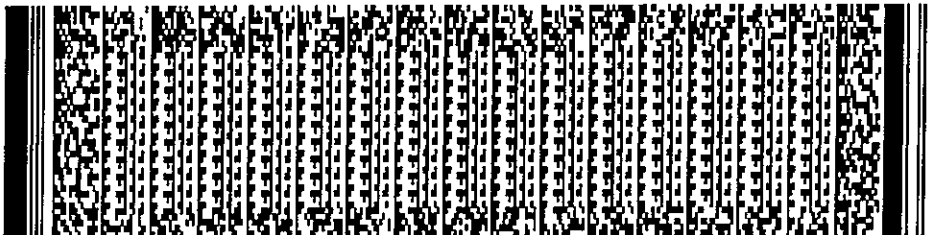
If you check any box, do not complete the rest of this Schedule.

- a** ☐ The employer employs only highly compensated employees (HCEs).
- b** ☐ No HCEs benefited under the plan at anytime during the plan year.
- c** ☒ The plan benefits only collectively-bargained employees.
- d** ☐ The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.
- e** ☐ The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v7.2

Schedule T (Form 5500) 2004



- 4** Enter the date the plan year began for which coverage data is being submitted. Month ____ Day ____ Year ____
a Did any leased employees perform services for the employer at any time during the plan year? ☐ Yes ☐ No
b In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans? ☐ Yes ☐ No
c Complete the following:
- | | | |
|--|-------------|---|
| (1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals | c(1) | |
| (2) Number of excludable employees as defined in IRS regulations (see instructions) | c(2) | |
| (3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1)) | c(3) | |
| (4) Number of nonexcludable employees (line 4c(3)) who are HCEs | c(4) | |
| (5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan | c(5) | |
| (6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs | c(6) | |
| d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) ▶ | d | % |
- e** Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions).

Disaggregated part:

Ratio Percentage:

Exception:

(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

f This plan satisfies the coverage requirements on the basis of (check one): **(1)** ☐ the ratio percentage test **(2)** ☐ average benefit test

