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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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. . . . . ▶ [ ]

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
TRW AUTOMOTIVE SALARIED SPINOFF PENSION PLAN

1b Three-digit plan number (PN) ▶ 020

1c Effective date of plan 07/01/2013

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
TRW AUTOMOTIVE US LLC

12001 TECH CENTER DRIVE
LIVONIA, MI 48150

2b Employer Identification Number (EIN)
14-1857697

2c Plan 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.	10/15/2015	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

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	69
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	62
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
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 Characteristics Codes in the instructions:
1A 1C 1I 1H 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	Trust
(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

(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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan TRW AUTOMOTIVE SALARIED SPINOFF PENSION PLAN	**B** Three-digit plan number (PN) ▶ 020
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 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)

MERCER US, INC.

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	117415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKER HOSTETLER

34-0082025

(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?
29	NONE	6494	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 ☐

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

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

(b) 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 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TRW AUTOMOTIVE SALARIED SPINOFF PENSION PLAN

B Three-digit plan number (PN) ▶ 020

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

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	2634560	188856
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	80841
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	207
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)		
(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	2634560	269904
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	80841
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	80841
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2634560	189063

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)	4730513	
(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)		4730513
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
(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

		(a) Amount	(b) Total
(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)		
(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		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		4730513
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	169309	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	5186380	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5355689
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		18623
i Administrative expenses: **(1)** Professional fees	2i(1)	204750	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	59372	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		264122
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5638434
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-907921
l Transfers of assets:			
(1) To this plan	2l(1)		15053
(2) From this plan	2l(2)		1552629

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

During the plan year:

		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	

			Yes	No	Amount
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			
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..... [X] **Yes** [ ] **No** **Amount:** 0

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)
TRW AUTOMOTIVE SALARIED PENSION PLAN	14-1857697	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... [X] Yes [ ] No [ ] Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

Financial Statements and Supplemental Schedules

TRW Automotive Salaried Spinoff Pension Plan
As of December 31, 2014 and 2013,
for the Year Ended December 31, 2014 and
for the Period from July 1, 2013 through December 31, 2013
With Report of Independent Auditors

Ernst & Young LLP

Building a better working world

TRW Automotive Salaried Spinoff Pension Plan

Financial Statements and Supplemental Schedules

As of December 31, 2014 and 2013,
for the Year Ended December 31, 2014 and
for the Period from July 1, 2013 through December 31, 2013

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Report of Independent Auditors

TRW Automotive U.S. LLC
Plan Administrator of the
TRW Automotive Salaried Spinoff Pension Plan

We have audited the accompanying financial statements of TRW Automotive Salaried Spinoff Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the year ended December 31, 2014 and the period from July 1, 2013 through December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of TRW Automotive Salaried Spinoff Pension Plan at December 31, 2014 and 2013, and the changes in its net assets available for benefits for the year ended December 31, 2014 and for the period July 1, 2013 through December 31, 2013, in conformity with U.S. generally accepted accounting principles.

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2014 and 2013 and reportable transactions for the year ended December 31, 2014 and for the period July 1, 2013 through December 31, 2013, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst & Young LLP

October 15, 2015

A member firm of Ernst & Young Global Limited

TRW Automotive Salaried Spinoff Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2014	**2013**
Assets		
Investment, at fair value	**$ 5,888,851**	$ 2,633,864
Employer contributions receivable	**80,841**	–
Interest receivable	**207**	696
Total assets	**5,969,899**	2,634,560
Liabilities		
Overdraft	**5,699,995**	–
Administrative expenses payable	**80,841**	–
Total liabilities	**5,780,836**	–
Net assets available for benefits	**$ 189,063**	$ 2,634,560

See accompanying notes.

TRW Automotive Salaried Spinoff Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2014	Period From July 1, 2013 Through December 31, 2013
Additions		
Interest income	**$ –**	$ 16,231
Employer contributions	**4,730,513**	6,000,000
Transfer from affiliate plan	**15,053**	144,026,003
Total additions	**4,745,566**	150,042,234
Deductions		
Benefit payments	**169,309**	147,210,334
Purchase of annuity contracts	**5,186,380**	–
PBGC premiums	**59,372**	–
Administrative expenses	**204,750**	197,340
Interest expense	**18,623**	–
Total deductions	**5,638,434**	147,407,674
Net (decrease) increase	**(892,868)**	2,634,560
Net assets available for benefits at the beginning of the period	**2,634,560**	–
Transfer to affiliate plan	**(1,552,629)**	–
Net assets available for benefits at the end of the period	**$ 189,063**	$ 2,634,560

See accompanying notes.

TRW Automotive Salaried Spinoff Pension Plan

Notes to Financial Statements

December 31, 2014

1. Description of the Plan

The following description of the TRW Automotive Salaried Spinoff Pension Plan (the Plan) provides general information about the Plan's provisions. TRW Automotive U.S. LLC (the Company or Plan Sponsor) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan Sponsor.

General

In 2013, the Company offered pension buyouts to certain members of the TRW Automotive Salaried Pension Plan in an effort to reduce future retirement obligations. Those TRW Automotive Salaried Pension Plan (the Former Plan) participants who accepted the buyout offer were "spun off" into the Salaried Spinoff Pension Plan.

The Company adopted the Plan effective July 1, 2013 (Effective Date). The Plan was established to maintain the assets and liabilities attributable to those participants who were spun off from the Former Plan. The Plan is intended to preserve benefits, rights and features from the Former Plan to the extent required by the Internal Revenue Code (the Code) Section 411(d)(6), and the respective accrued benefits of each participant under the Plan immediately prior to the spinoff in compliance with Code Sections 401(a)(12) and 414(1). Both the Former Plan and the Plan are frozen, and no participant shall accrue any additional benefits under the Plan.

The Bank of New York Mellon is the trustee of the Plan.

The Plan was terminated effective September 1, 2013.

Upon the Plan's termination, each participant was given the option to receive his/her accrued benefit in one of the following forms: (i) a Single Life Annuity; (ii) for a participant who was married at such time, an immediate Qualified Joint and Survivor Annuity or an immediate Qualified Optional Survivor Annuity, as elected by the participant; or (iii) a single lump sum payment of his/her entire accrued benefit. If a participant elected not to receive his/her benefit at that time, the Plan Sponsor purchased an allocated annuity contract from an insurance company for that participant.

Commencing December 2013, the trustee, as directed by the Pension Administrative Committee, began distributing all benefits payable under the Plan due to the plan termination. All accumulated plan benefits were distributed through payments directly to participants of

1. Description of the Plan (continued)

$169,309 and $147,210,334 in 2014 and 2013, respectively, or through purchase of allocated annuity contracts of $5,186,380 in 2014 and $6,739,009 in 2013. Benefit payments totaling $189,063 were distributed in 2015, representing the final payments from the Plan. Contributions totaling $4,730,513 and $6,000,000 were provided by the Plan Sponsor in 2014 and 2013, respectively, along with $15,053 and $144,026,003 transferred from the Former Plan in 2014 and 2013, respectively, to fully fund such payments.

Funding

As a result of the plan termination, there were no Employee Retirement Income Security Act of 1974, as amended (ERISA) minimum funding requirements for 2014 or 2013. The Company contributed such amounts necessary to provide assets sufficient to meet the benefits to be paid to or on behalf of participants and satisfy the ERISA plan termination requirements.

Eligibility and Vesting

Any person listed in Appendix A of the Plan document as a participant shall be a participant in this Plan as of the Effective Date. No other person shall become a participant in the Plan thereafter. The participants in this Plan earned their benefits under the Former Plan and each participant in the Plan is 100% vested in the accrued benefits as listed in Appendix A as of the Effective Date.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 3 for further discussion and disclosures of fair value measurements.

3. Fair Value Measurements

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 (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy in ASC 820, *Fair Value Measurements*, are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:

  – Quoted prices for similar assets and liabilities in active markets

  – Quoted prices for identical or similar assets or liabilities in markets that are not active

  – Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)

  – Inputs that are derived principally from or corroborated by observable market data by correlation or other means

- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity. Level 3 inputs include management's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

3. Fair Value Measurements

The following method and assumption was used to determine the fair value of assets recorded in the statements of net assets available for benefits.

Mutual funds: Investments in funds are comprised mainly of fixed income securities, including Corporate bonds and U.S. government securities. The fair value of the investments is determined using quoted market prices, which represent net asset value of shares held by the Plan at year-end.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

	Assets at Fair Value as of December 31, 2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	**$ 5,888,851**	**$ –**	**$ –**	**$ 5,888,851**
Total assets at fair value	**$ 5,888,851**	**$ –**	**$ –**	**$ 5,888,851**

	Assets at Fair Value as of December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 2,633,864	$ –	$ –	$ 2,633,864
Total assets at fair value	$ 2,633,864	$ –	$ –	$ 2,633,864

4. Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan that consist primarily of benefit administration, advisory, actuarial, and auditing fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. All other costs of administering the Plan are paid by the Company.

5. Party-in-Interest Transactions

Party-in-interest transactions include the purchase and sale of short-term investments through the trustee and the payment of services and expenses of 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 under ERISA.

5. Party-in-Interest Transactions (continued)

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

Other than those described above or pursuant to a certain trust agreement, the Plan has had no agreements or transactions with related parties.

6. Income Tax Status

The Plan received a determination letter dated March 7, 2014 from the Internal Revenue Service (IRS), stating that the termination of the Plan does not adversely affect its qualification for federal tax purposes. The plan administrator believes that the Plan has been designed to comply with and is operating in accordance with the applicable requirements of the Code and therefore believes the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The first year the Plan is subject to income tax examination is 2013.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, 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.

8. Subsequent Events

Management has evaluated and concluded that there were no subsequent events for the Plan through October 15, 2015, the date the financial statements were available to be issued.

Supplemental Schedules

TRW Automotive Salaried Spinoff Pension Plan

EIN #14-1857697 Plan #020

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

December 31, 2014

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
Fidelity*	Money Market Prime 2014	$ 5,888,851	$ 5,888,851

*Party-in-interest

TRW Automotive Salaried Spinoff Pension Plan

EIN #14-1857697 Plan #020

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

December 31, 2013

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
Fidelity*	Money Market Prime 2014	$ 2,633,864	$ 2,633,864

*Party-in-interest

TRW Automotive Salaried Spinoff Pension Plan

EIN #14-1857697 Plan #020

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2014

Identity of Party Involved	Description of Assets Including Rate and Maturity in Case of a Loan)	Selling Price	Purchase Price	Cost of Assets	Current Value of Asset Transaction	Net Gain or (Loss)
Category (i) – Single transactions in excess of 5% of the current value of plan assets.						
Fidelity*	Money Market Prime 2014	$ –	$ 4,618,576	$ 4,618,576	$ 4,618,576	$ –
Fidelity*	Money Market Prime 2014	–	5,770,200	5,770,200	5,770,200	–
Fidelity*	Money Market Prime 2014	6,477,254	–	6,477,254	6,477,254	–
Fidelity*	Money Market Prime 2014	385,248	–	385,248	385,248	–
Category (iii) – Any transaction within the plan year involving securities of the same issue, if within the plan year, any series of transactions with respect to such securities, when aggregated, involves an amount in excess of 5% of the current value of plan assets.						
Fidelity*	Money Market Prime 2014	$ –	$ 10,602,766	$ 10,602,766	$ 10,602,766	$ –
Fidelity*	Money Market Prime 2014	7,347,778	–	7,347,778	7,347,778	–

There were no category (ii) or (iv) reportable transactions during the plan year.

* Party-in-interest

TRW Automotive Salaried Spinoff Pension Plan

EIN #14-1857697 Plan #020

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2013

Identity of Party Involved	Description of Assets Including Rate and Maturity in Case of a Loan)	Selling Price	Purchase Price	Cost of Assets	Current Value of Asset Transaction	Net Gain or (Loss)
Category (i) – Single transactions in excess of 5% of the current value of plan assets.						
BNYM*	BNY Mellon Cash Reserve	$ –	$ 35,000,000	$ 35,000,000	$ 35,000,000	$ –
BNYM*	BNY Mellon Cash Reserve	35,000,000	–	35,000,000	35,000,000	–
Fidelity*	Money Market Prime 2014	–	103,026,003	103,026,003	103,026,003	–
Fidelity*	Money Market Prime 2014	–	41,000,000	41,000,000	41,000,000	–
Fidelity*	Money Market Prime 2014	–	5,994,755	5,994,755	5,994,755	–
Fidelity*	Money Market Prime 2014	142,389,665	–	142,389,665	142,389,665	–
Fidelity*	Money Market Prime 2014	4,820,669	–	4,820,669	4,820,669	–
Category (iii) – Any transaction within the plan year involving securities of the same issue, if within the plan year, any series of transactions with respect to such securities, when aggregated, involves an amount in excess of 5% of the current value of plan assets						
BNYM*	BNY Mellon Cash Reserve	$ –	$ 35,000,000	$ 35,000,000	$ 35,000,000	$ –
BNYM*	BNY Mellon Cash Reserve	35,000,000	–	35,000,000	35,000,000	–
Fidelity*	Money Market Prime 2014	–	150,036,293	150,036,293	150,036,293	–
Fidelity*	Money Market Prime 2014	147,402,429	–	147,402,429	147,402,429	–

There were no category (ii) or (iv) reportable transactions during the plan year.

* Party-in-interest

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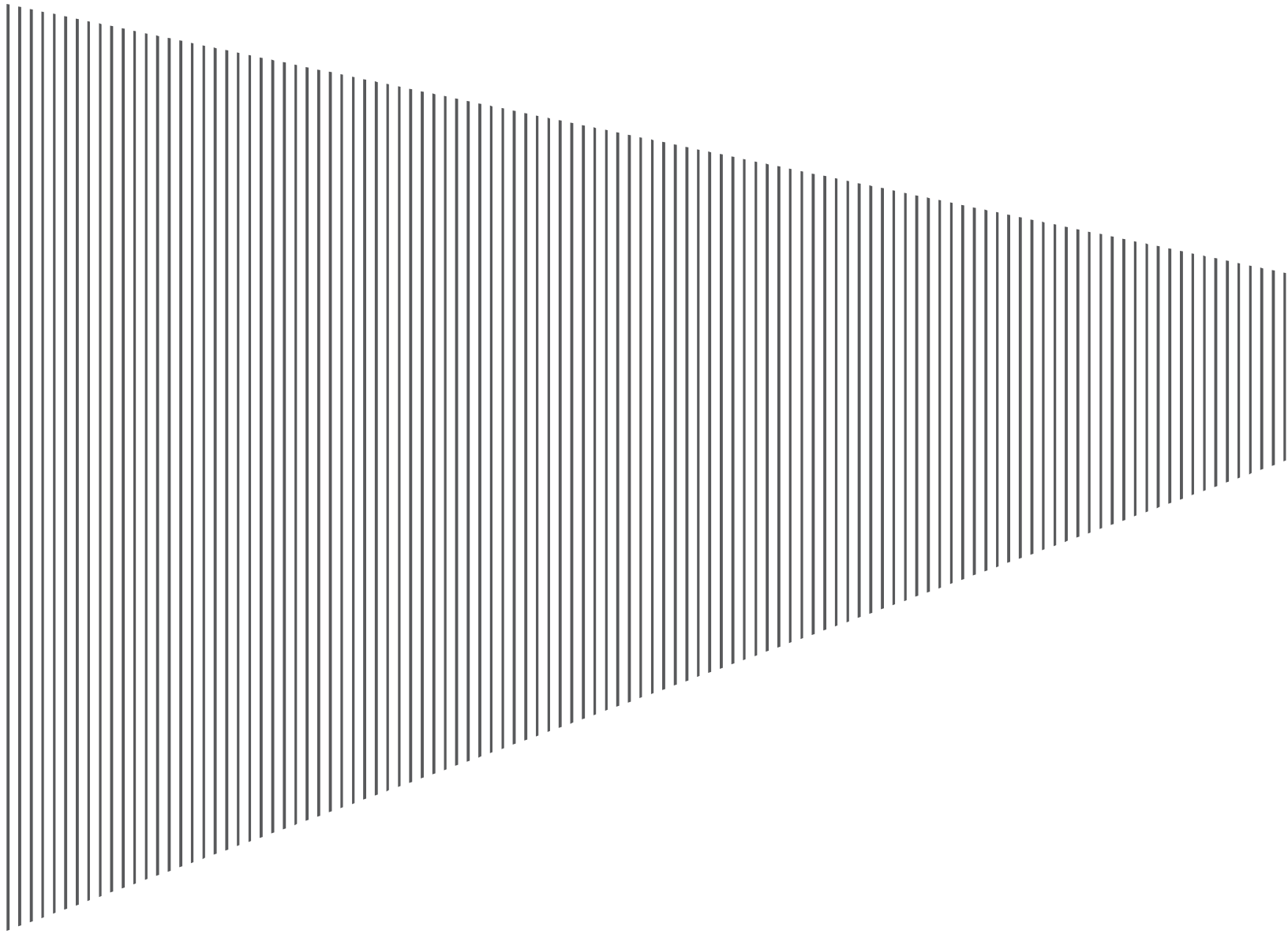

TRW Automotive Salaried Spinoff Pension Plan

EIN #14-1857697 Plan #020

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2014

Identity of Party Involved	Description of Assets Including Rate and Maturity in Case of a Loan)	Selling Price	Purchase Price	Cost of Assets	Current Value of Asset Transaction	Net Gain or (Loss)
Category (i) – Single transactions in excess of 5% of the current value of plan assets.						
Fidelity*	Money Market Prime 2014	$ –	$ 4,618,576	$ 4,618,576	$ 4,618,576	$ –
Fidelity*	Money Market Prime 2014	–	5,770,200	5,770,200	5,770,200	–
Fidelity*	Money Market Prime 2014	6,477,254	–	6,477,254	6,477,254	–
Fidelity*	Money Market Prime 2014	385,248	–	385,248	385,248	–
Category (iii) – Any transaction within the plan year involving securities of the same issue, if within the plan year, any series of transactions with respect to such securities, when aggregated, involves an amount in excess of 5% of the current value of plan assets.						
Fidelity*	Money Market Prime 2014	$ –	$ 10,602,766	$ 10,602,766	$ 10,602,766	$ –
Fidelity*	Money Market Prime 2014	7,347,778	–	7,347,778	7,347,778	–

There were no category (ii) or (iv) reportable transactions during the plan year.

* Party-in-interest

TRW Automotive Salaried Spinoff Pension Plan

EIN #14-1857697 Plan #020

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2013

Identity of Party Involved	Description of Assets Including Rate and Maturity in Case of a Loan)	Selling Price	Purchase Price	Cost of Assets	Current Value of Asset Transaction	Net Gain or (Loss)
Category (i) – Single transactions in excess of 5% of the current value of plan assets.						
BNYM*	BNY Mellon Cash Reserve	$ –	$ 35,000,000	$ 35,000,000	$ 35,000,000	$ –
BNYM*	BNY Mellon Cash Reserve	35,000,000	–	35,000,000	35,000,000	–
Fidelity*	Money Market Prime 2014	–	103,026,003	103,026,003	103,026,003	–
Fidelity*	Money Market Prime 2014	–	41,000,000	41,000,000	41,000,000	–
Fidelity*	Money Market Prime 2014	–	5,994,755	5,994,755	5,994,755	–
Fidelity*	Money Market Prime 2014	142,389,665	–	142,389,665	142,389,665	–
Fidelity*	Money Market Prime 2014	4,820,669	–	4,820,669	4,820,669	–
Category (iii) – Any transaction within the plan year involving securities of the same issue, if within the plan year, any series of transactions with respect to such securities, when aggregated, involves an amount in excess of 5% of the current value of plan assets						
BNYM*	BNY Mellon Cash Reserve	$ –	$ 35,000,000	$ 35,000,000	$ 35,000,000	$ –
BNYM*	BNY Mellon Cash Reserve	35,000,000	–	35,000,000	35,000,000	–
Fidelity*	Money Market Prime 2014	–	150,036,293	150,036,293	150,036,293	–
Fidelity*	Money Market Prime 2014	147,402,429	–	147,402,429	147,402,429	–

There were no category (ii) or (iv) reportable transactions during the plan year.

* Party-in-interest

TRW Automotive Salaried Spinoff Pension Plan

EIN #14-1857697 Plan #020

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

Year Ended December 31, 2014

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investments	Cost	Current Value
Bank of New York Mellon*	Mutual Fund	$ 188,856	$ 188,856

*Party in interest

TRW Automotive Salaried Spinoff Pension Plan

EIN #14-1857697 Plan #020

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

Year Ended December 31, 2014

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investments	Cost	Current Value
Bank of New York Mellon*	Mutual Fund	$ 2,633,864	$ 2,633,864

*Party in interest

TRW Automotive Salaried Spinoff Pension Plan

EIN #14-1857697 Plan #020

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

December 31, 2014

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
Fidelity*	Money Market Prime 2014	$ 5,888,851	$ 5,888,851

*Party-in-interest

TRW Automotive Salaried Spinoff Pension Plan

EIN #14-1857697 Plan #020

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

December 31, 2013

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
Fidelity*	Money Market Prime 2014	$ 2,633,864	$ 2,633,864

*Party-in-interest