

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 <u>01/01/2014</u> and ending <u>12/31/2014</u>	
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 ☒ 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>APTIV SOLUTIONS 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>05/01/1985</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>APTIV SOLUTIONS</u> <u>62 FOREST STREET</u> <u>SUITE 300</u> <u>MARLBOROUGH, MA 01752</u>	2b Employer Identification Number (EIN) <u>20-4354185</u> 2c Plan Sponsor's telephone number <u>508-597-6000</u> 2d Business code (see instructions) <u>541700</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>07/23/2015</u>	<u>JILL MYHRE</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
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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
5 Total number of participants at the beginning of the plan year	5 421
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) 255
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 0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 27
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: 2E 2F 2G 2J 2K 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>APTIV SOLUTIONS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APTIV SOLUTIONS</u>	D Employer Identification Number (EIN) <u>20-4354185</u>

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(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?
15 18 19 37 49 59 60 63 64 99	CUSTODIAN, RECORD KEEPER	59398	Yes ☒ No ☐	Yes ☐ No ☒	33978	Yes ☐ No ☒

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

SUMMIT FINANCIAL CORPORATION

7 NEW ENGALND EXECUTIVE PARK
SUITE 220
BURLINGTON, MA 01803

04-3222046

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 17 37 50 70 99 16	TPA, FIDUCIARY ADVISOR	22210	Yes ☒ No ☐	Yes ☐ No ☒	8611	Yes ☐ No ☒

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

COMMONWEALTH FINANCIAL NETWORK

29 SAWYER ROAD
ONE UNIVERSITY PARK
WALTHAM, MA 02453

04-2675571

(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?
33 99	SUMMIT BROKER DEALER	0	Yes ☒ No ☐	Yes ☐ No ☒	35750	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
NATIONWIDE	15 49 59 60 63	2611
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> </div> </div>		
BARON FUNDS 767 FIFTH AVENUE 49TH FL NEW YORK, NY 10153	MUTUAL FUND PAYMENTS	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> </div> </div>		
NATIONWIDE	15 49 59 60 63	1804
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> </div> </div>		
ASTON FUNDS 161 NORTH CLARK STREET CHICAGO, IL 60601	MUTUAL FUND PAYMENTS	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> </div> </div>		
NATIONWIDE	15 49 59 60 63	1384
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> </div> </div>		
GOLDMAN SACHS ASSET MGT GROUP ONE NEW YORK PLAZA NEW YORK, NY 10004	MUTUAL FUND PAYMENTS	

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
NATIONWIDE	15 49 59 60 63	2523
(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.
INVESCO INVESTMENTS ONE MIDTOWN PLAZA 1360 PEACH STREET NE ATLANTA, GA 30309	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	3869
(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.
JP MORGAN INVESTMENT MGT 522 FIFTY AVENUE FLOOR 13 NEW YORK, NY 10036	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	2248
(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.
MASSACHUSETTS FINANCIAL SERVICES 500 BOYLSTON STREET BOSTON, MA 02116	MUTUAL FUND PAYMENTS	

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
NATIONWIDE	15 49 59 60 63	3630
(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.
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21201	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	4011
(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.
NATIONWIDE FUNDS GROUP ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	4575
(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.
OPPENHEIMER FUNDS 498 SEVENTH AVENUE 10TH FLOOR NEW YORK, NY 10018	MUTUAL FUND PAYMENTS	

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
NATIONWIDE	15 49 59 60 63	1358
(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.
PIMCO FUNDS	840 NEWPORT CENTER DRIVE SUITE 300 NEWPORT BEACH, CA 92660	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
SUMMIT FINANCIAL CORPORATION		13 16 17 50 70 99
(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.
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADMINISTRATIVE AND CONSULTING SERVICES NOT DONE BY NATIONWIDE
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
COMMONWEALTH		33 99
(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.
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	PAYMENT OF SUMMIT FIDUCIARY ADVISORY REVENUE

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
NATIONWIDE	15 49 59 60 63	1193

(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.
TCW FUNDS 200 PARK AVENUE SUITE 2100 NEW YORK, NY 10166	MUTUAL FUND PAYMENTS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	1139

(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.
WELLS FARGO 525 MARKET STREET SAN FRANCISCO, CA 94105	MUTUAL FUND PAYMENTS

(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

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:

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

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

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

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

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> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>APTIV SOLUTIONS 401(K) PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APTIV SOLUTIONS</u>		D Employer Identification Number (EIN) <u>20-4354185</u>

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)	22432	
	(2) Participant contributions.....	1b(2)	64383	
	(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)	136315	
	(9) Value of interest in common/collective trusts	1c(9)	614235	
	(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)	20958515	
	(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	21795880	

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	139	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	139	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	21795741	
---	-----------	----------	--

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)	198183	
(B) Participants	2a(1)(B)	1492387	
(C) Others (including rollovers)	2a(1)(C)	109563	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1800133
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)	5800	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5800
(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)	282088	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		282088
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1126
(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)		1608628
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3697775

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6825697	
(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)		6825697
f Corrective distributions (see instructions).....	2f		139
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	81607	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		81607
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6907443

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-3209668
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		18586073

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: FIONDELLA, MILONE & LASARACINA LLP

(2) EIN: 06-1648707

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
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	
4f			
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	
4g			
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	
4h			
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	
4i			
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		
4j			
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		
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ICON CLINICAL RESEARCH LLC 401(K) PLAN	23-2689156	001

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>APTIV SOLUTIONS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APTIV SOLUTIONS</u>	D Employer Identification Number (EIN) <u>20-4354185</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1592130</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Financial Statements and Supplemental Schedule

Aptiv Solutions 401(k) Plan

*Years ended December 31, 2014 and 2013
with Independent Auditors' Report*

Aptiv Solutions 401(k) Plan
Financial Statements and Supplemental Schedule
Years ended December 31, 2014 and 2013

Contents

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Independent Auditors' Report

To the Trustees and Plan Administrator of the
Aptiv Solutions 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Aptiv Solutions 401(k) Plan (the 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 years then ended, 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 accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Trust Company, FSB, the asset custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the asset custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the asset custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the asset custodian is complete and accurate.

Independent Auditors' Report (continued)

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of reportable transactions for the year ended December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

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

Fiondella, Milone & LaSaracina LLP

July 21, 2015
Glastonbury, Connecticut

Aptiv Solutions 401(k) Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2014	2013
Assets		
Investments at fair value:		
Mutual funds	\$ -	\$ 20,958,515
Common collective trust	-	612,522
Total investments at fair value	-	21,571,037
Receivables:		
Employer contributions	-	22,432
Employee contributions	-	64,383
Notes receivable from participants	-	136,315
Total receivables	-	223,130
Total assets	-	21,794,167
Liabilities		
Return of excess contributions	-	139
Total liabilities	-	139
Net assets reflecting all investments at fair value	-	21,794,028
Adjustments from fair value to contract value for fully benefit-responsive investment contract	-	1,713
Net assets available for benefits	\$ -	\$ 21,795,741

See accompanying notes

Aptiv Solutions 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2014	2013
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 753,913	\$ 3,046,780
Interest and dividend income	1,153,427	921,139
Total investment income	1,907,340	3,967,919
Contributions:		
Employer	238,661	313,986
Employee	1,492,388	1,876,485
Rollover	109,563	100,279
Total contributions	1,840,612	2,290,750
Total additions	3,747,952	6,258,669
Deductions		
Benefits paid to participants	6,876,013	2,776,938
Administrative expenses	81,607	53,031
Total deductions	6,957,620	2,829,969
Net (decrease) increase before transfer	(3,209,668)	3,428,700
Transfer of assets (Note 1)	(18,586,073)	-
Net (decrease) increase	(21,795,741)	3,428,700
Net assets available for benefits, beginning of year	21,795,741	18,367,041
Net assets available for benefits, end of year	\$ -	\$ 21,795,741

See accompanying notes

Aptiv Solutions 401(k) Plan

Notes to Financial Statements

December 31, 2014 and 2013

1. Plan Description

The following description of the Aptiv Solutions 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, effective May 1, 1985, is a defined contribution plan and retirement trust covering substantially all eligible employees of Aptiv Solutions (the Company), formerly Averion International Corp. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective July 1, 2011 the Plan, formerly the Averion International Corp. 401(k) Plan, was amended, restated and renamed the Aptiv Solutions 401(k) Plan.

Effective December 31, 2014, all assets of the Plan were liquidated and transferred to the ICON Clinical Research LLC 401(k) Plan (ICON Plan). On December 31, 2014, \$18,586,073 of net assets transferred out of the Plan and into the ICON Plan.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, subject to Internal Revenue Code (IRC) limitations. Prior to July 1, 2011, the Plan allowed for automatic enrollment to all new participants at a rate of 4% of their compensation. Effective July 1, 2011, when the Plan was amended and restated, the automatic enrollment feature was removed. Participants may change the percent of pretax annual compensation at any time. Participants may also opt-out of contributing to the Plan at any time. Participants may elect to contribute funds from other qualified retirement plans ("rollover" contributions), subject to certain requirements.

The Company may elect to make a discretionary matching contribution. For the years ended December 31, 2014 and 2013, the Company matched 25% of each participant's pretax contributions up to a maximum of 6% of the participant's compensation.

The Plan allows participants to elect to have some or all of their elective deferrals designated as Roth elective deferrals.

Aptiv Solutions 401(k) Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

Participant Accounts

A separate account is established for each participant upon enrollment in the Plan. Each participant's account is credited with the participant's contributions, allocations of the Company contributions and Plan earnings, and charged with an allocation of administrative expenses.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Upon death, disability or retirement, a participant becomes 100% vested in employer contributions. Otherwise, vesting in employer contributions and earnings thereon, occurs according to the following schedule:

Completed Years of Service	Vesting Percentage
1	33%
2	67%
3	100%

Notes Receivable from Participants

Participants may borrow, from their fund accounts, an aggregate amount up to the lesser of \$50,000 or 50% of the participant's vested account balance. The minimum loan allowed is \$2,500. Loans bear interest at the prime rate as published in the *Wall Street Journal* plus 1%. At December 31, 2014, prior to the transfer of assets to the ICON Plan, the interest rates on outstanding participant loans ranged from 3.25% to 4.25%. Loans are collateralized by the participant's non-forfeitable interest in the Plan and are supported by a promissory note.

Loans must be repaid over a period not to exceed five years unless the loan proceeds are used for the purchase of a primary residence, in which case a longer repayment period is allowed. As of December 31, 2014, all participant loans were transferred to the ICON Plan.

Payments of Benefits

The Plan provides for a normal retirement benefit to be paid to participants who have reached the age of 65, or in the case of early retirement, age 55, with at least one year of service. There are also retirement benefits available upon late retirement, disability and death. Distributions are made in lump sum payments.

Aptiv Solutions 401(k) Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

Forfeited Accounts

When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account represents a forfeiture, as defined by the Plan agreement. If a forfeiting participant is re-employed and fulfills certain requirements, as set forth in the Plan agreement, the participant's account will be restored. Forfeited balances are first used to restore re-employed participants' accounts. Any remaining forfeitures shall be allocated to reduce the Company's contributions. Forfeitures of \$52,323 and \$11,100 were used to reduce the Company's contributions in 2014 and 2013, respectively. As of December 31, 2014, there were no unallocated forfeitures. Unallocated forfeitures at December 31, 2013 were \$24,049.

Investment Options

All investment options are fully participant-directed. Participants may direct the investment of their contributions and the Company's discretionary matching contributions into any of the Plan's available investment options.

2. Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America, and are presented on the accrual basis of accounting in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure with ERISA.

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Aptiv Solutions 401(k) Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

Purchases and sales of investments are recorded on a trade-date basis. Interest income, including interest on participant loans, is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes realized and unrealized gains and losses.

The assets of the Plan are invested in mutual funds and a common collective trust. Mutual fund investments are stated at fair market value as determined by the asset custodian based on the last reported sales price on the last business day of the Plan year. The Plan's interest in a common collective trust (the Morley Stable Value I Fund) is valued based on information reported by the asset custodian using audited financial statements of the common collective trust at year-end. Gains and losses are recognized as incurred upon sale or maturity of investments or based on market value change during the period.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The common collective trust investment held by the Plan represents a fully benefit-responsive investment contract. The statements of net assets available for benefits are required to present the fair value of the investment contract, as well as the adjustment to the fully benefit-responsive investment contract from fair value to contract value.

The adjustment from fair value to contract value for the investment contract in the common collective trust was determined by the asset custodian by calculating the Plan's proportional share of the adjustment listed in the fund's audited financial statements. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrator fees. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. As required by Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962, the statements of net assets available for benefits present the fair value of the investment in the common collective trust. At December 31, 2014, the fair value and contract value of the common collective trust was zero, as such investment was transferred to the ICON Plan. At December 31, 2013, fair value and contract value of the common collective trust was \$612,522 and \$614,235, respectively, and an adjustment from fair value to contract value was recorded in the financial statements. The average yield and crediting rates for 2014 were 1.25% and 1.41%, respectively. The average yield and crediting rates for 2013 were 1.26% and 1.17%, respectively.

Aptiv Solutions 401(k) Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Payments of Benefits

Benefits are recorded when paid.

Benefits may be distributed to participants upon termination of employment by reason of retirement, disability, death or separation from service. If a participant voluntarily terminates employment, the participant may elect to receive a distribution of 100% of their vested benefits or they may elect to purchase an annuity with the portion of the Plan assets that came over from the Company's previous employee retirement plan. Separated participants who have a vested account balance of less than \$1,000 will receive a lump sum distribution of 100% of their vested benefits. Distributions to participants with vested account balances greater than \$1,000, but not in excess of \$5,000, who terminate employment and fail to make a timely distribution election, will be paid to an individual retirement account designated by the Plan Administrator. Participants who have a vested account balance in excess of \$5,000 may defer distribution of their account balance until their normal retirement date or as otherwise provided in the Plan.

The Plan allows for in-service withdrawals upon attainment of age 59 and 1/2. A participant may also request a withdrawal upon demonstration by the participant to the Plan Administrator that the participant is suffering a "hardship." Hardship is defined in applicable regulations related to Section 401(k) of the IRC.

Administrative Expenses

Most expenses incurred in the administration of the Plan are paid by the Company. The Plan's asset custodian is paid by the Plan for certain fees relating to investment management services.

Aptiv Solutions 401(k) Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Risks and Uncertainties

The Plan provides for various investment options in any combination of shares of mutual funds and a common collective trust with various investment objectives. Investment securities, including mutual funds, are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Plan Termination

The Plan Administrator has the right under the Plan to discontinue its contributions at any time or to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Effective December 31, 2014, all assets of the Plan were liquidated and transferred to the ICON Plan due primarily to ICON Clinical Research LLC acquiring the Company.

3. Investments

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2014 and 2013, net appreciation (depreciation) in fair value of investments, interest and dividend income, and administrative expenses for the years ended December 31, 2014 and 2013, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Nationwide Trust Company, FSB, the asset custodian.

As of December 31, 2014 and 2013, investments representing 5% or more of the Plan's net assets available for benefits were as follows:

	2014	2013
Vanguard Target Retirement 2025 Inv	\$ *	\$ 2,411,557
T. Rowe Price Health Sciences	*	2,143,447
Vanguard Target Retirement 2030 Inv	*	1,797,593
Vanguard Target Retirement 2040 Inv	*	1,246,100

* The investment balance did not exceed 5% of the Plan's net assets available for benefits as all assets were transferred out of the Plan as of December 31, 2014.

For the Plan years ended December 31, 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$753,913 and \$3,046,780, respectively.

Aptiv Solutions 401(k) Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements

The Plan follows FASB ASC 820, *Fair Value Measurements and Disclosures* (ASC 820) for all financial assets and liabilities and nonfinancial assets and liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC 820 defines fair value, establishes a fair value hierarchy, and expands disclosures about fair value measurements.

ASC 820 defines fair value as the price that would be received upon sale of an asset or paid upon the transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability.

The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity. In addition, the fair value of liabilities should include consideration of non-performance risk including the Plan's own credit risk.

In addition to defining fair value, ASC 820 expands the disclosure requirements around fair value and establishes a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in the measuring fair value are observable in the market. Each fair value measurement is reported in one of three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety.

These levels are:

Level 1 – Inputs are based upon unadjusted quoted prices for identical instruments traded in active markets.

Level 2 – Inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option pricing models, discounted cash flow models, and similar techniques.

Aptiv Solutions 401(k) Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following table summarizes the fair values and levels within the fair value hierarchy in which the fair value measurements fall for assets measured on a recurring basis as of December 31, 2013. There were no assets in the Plan at December 31, 2014.

Description	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds	\$ 20,958,515	\$ -	\$ -	\$ 20,958,515
Common collective trust	-	612,522	-	612,522
Total investments	\$ 20,958,515	\$ 612,522	\$ -	\$ 21,571,037

Investments in mutual funds are valued at the net asset value of shares held by the Plan at year end using market prices on active markets (Level 1). Level 1 instrument valuations are obtained from real-time quotes for transactions in active exchange markets involving identical assets. The common collective trust is designated as a Level 2 investment and is valued based on information reported by the asset custodian using the audited financial statements of the common collective trust at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

5. Income Tax Status

The Plan has not obtained a tax determination letter from the Internal Revenue Service (IRS). The Plan adopted a Summit Financial Corp. prototype non-standardized profit sharing plan, which received an IRS opinion letter on March 31, 2008, in which the IRS stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has adopted amendments since this date, and the Plan Administrator believes that the Plan and related trust are designed and are currently being operated in accordance with applicable sections of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Aptiv Solutions 401(k) Plan

Notes to Financial Statements (continued)

6. Discrimination Testing

The Plan passed the Actual Deferral Percentage (ADP) testing for the Plan year ended December 31, 2014. The nature of the ADP test is to test compliance with the nondiscrimination provisions of the IRC. The test stipulates that salary deferrals made as contributions to the Plan by members of the highly compensated group are limited within a specified range of non-highly compensated deferrals. When deferrals of the highly compensated group exceed the specified range, the excess deferrals must be returned to the highly compensated individuals within 12 months of the Plan year-end.

The Plan failed the ADP testing for the Plan year ended December 31, 2013. Accordingly, during 2014, the Plan returned \$139 of excess contributions related to the Plan year ended December 31, 2013. All amounts were refunded within 12 months of the respective Plan year-end. These amounts have been recorded as a liability to the Plan as of December 31, 2013.

7. Party-in-Interest Transactions

Section 3(14) of ERISA defines party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, loans to participants and transactions with investment funds managed and held by the asset custodian are considered party-in-interest transactions.

8. Subsequent Events

The Plan has evaluated events occurring between December 31, 2014 and July 21, 2015, the date the financial statements were available to be issued.

Supplemental Schedule

Aptiv Solutions 401(k) Plan

EIN 20-4354185 Plan No. 001

Schedule H, Line 4(j) – Schedule of Reportable Transactions

For the Year Ended December 31, 2014

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Series of Transactions:						
* Nationwide Trust Company, FSB	Vanguard Target Retirement 2025 Inv	\$ -	\$ 2,184,302	\$ 2,184,302	\$ 2,184,302	\$ -
* Nationwide Trust Company, FSB	Vanguard Target Retirement 2030 Inv	\$ -	\$ 1,758,644	\$ 1,758,644	\$ 1,758,644	\$ -
* Nationwide Trust Company, FSB	Vanguard Target Retirement 2040 Inv	\$ -	\$ 1,220,389	\$ 1,220,389	\$ 1,220,389	\$ -
* Nationwide Trust Company, FSB	Vanguard Target Retirement 2035 Inv	\$ -	\$ 974,312	\$ 974,312	\$ 974,312	\$ -
* Nationwide Trust Company, FSB	Vanguard Target Retirement 2010 Inv	\$ -	\$ 925,564	\$ 925,564	\$ 925,564	\$ -
* Nationwide Trust Company, FSB	Oppenheimer Developing Markets A	\$ -	\$ 631,903	\$ 631,903	\$ 631,903	\$ -
* Nationwide Trust Company, FSB	Baron Smallcap	\$ -	\$ 608,657	\$ 608,657	\$ 608,657	\$ -
* Nationwide Trust Company, FSB	Morley Stable Value I	\$ -	\$ 481,691	\$ 481,691	\$ 481,691	\$ -
* Nationwide Trust Company, FSB	American Funds Growth Fund Am R5	\$ -	\$ 467,785	\$ 467,785	\$ 467,785	\$ -
* Nationwide Trust Company, FSB	MFS Val A	\$ -	\$ 464,994	\$ 464,994	\$ 464,994	\$ -
* Nationwide Trust Company, FSB	Vanguard Target Retirement 2045 Inv	\$ -	\$ 460,576	\$ 460,576	\$ 460,576	\$ -
* Nationwide Trust Company, FSB	Vanguard Target Retirement 2020 Inv	\$ -	\$ 455,166	\$ 455,166	\$ 455,166	\$ -
* Nationwide Trust Company, FSB	JP Morgan Midcap Value A	\$ -	\$ 453,424	\$ 453,424	\$ 453,424	\$ -
* Nationwide Trust Company, FSB	Vanguard 500 Index Signal	\$ -	\$ 409,505	\$ 409,505	\$ 409,505	\$ -
* Nationwide Trust Company, FSB	Vanguard Growth Index Signal	\$ -	\$ 404,087	\$ 404,087	\$ 404,087	\$ -
* Nationwide Trust Company, FSB	Nationwide Inv Destination Moderate Conservative Sc	\$ -	\$ 382,923	\$ 382,923	\$ 382,923	\$ -
* Nationwide Trust Company, FSB	Vanguard Dividend Growth Inv	\$ -	\$ 356,884	\$ 356,884	\$ 356,884	\$ -
* Nationwide Trust Company, FSB	American Funds EuroPacific Growth R5	\$ -	\$ 356,212	\$ 356,212	\$ 356,212	\$ -
* Nationwide Trust Company, FSB	T. Rowe Price Health Sciences	\$ -	\$ 354,956	\$ 354,956	\$ 354,956	\$ -
* Nationwide Trust Company, FSB	Aston/Optimum Mid Cap N	\$ -	\$ 352,481	\$ 352,481	\$ 352,481	\$ -
* Nationwide Trust Company, FSB	Invesco Growth and Income A	\$ -	\$ 344,957	\$ 344,957	\$ 344,957	\$ -
* Nationwide Trust Company, FSB	Vanguard Target Retirement 2015 Inv	\$ -	\$ 339,101	\$ 339,101	\$ 339,101	\$ -
* Nationwide Trust Company, FSB	Goldman Sachs Growth Opportunity A	\$ -	\$ 336,238	\$ 336,238	\$ 336,238	\$ -
* Nationwide Trust Company, FSB	Vanguard Target Retirement 2050 Inv	\$ -	\$ 319,951	\$ 319,951	\$ 319,951	\$ -
* Nationwide Trust Company, FSB	Vanguard Smallcap Index Inv	\$ -	\$ 312,573	\$ 312,573	\$ 312,573	\$ -
* Nationwide Trust Company, FSB	Nationwide Inv Destination Moderate Aggressive Sc	\$ -	\$ 302,845	\$ 302,845	\$ 302,845	\$ -
* Nationwide Trust Company, FSB	Vanguard Smallcap Value Index Is	\$ -	\$ 284,950	\$ 284,950	\$ 284,950	\$ -
* Nationwide Trust Company, FSB	TCW Total Return Bond N	\$ -	\$ 271,174	\$ 271,174	\$ 271,174	\$ -
* Nationwide Trust Company, FSB	Nationwide Inv Destination Moderate Sc	\$ -	\$ 266,697	\$ 266,697	\$ 266,697	\$ -
* Nationwide Trust Company, FSB	Dodge & Cox International Stock Fund	\$ -	\$ 212,251	\$ 212,251	\$ 212,251	\$ -
* Nationwide Trust Company, FSB	Well Fargo Advantage Growth A	\$ -	\$ 207,438	\$ 207,438	\$ 207,438	\$ -
* Nationwide Trust Company, FSB	Oppenheimer Global A	\$ -	\$ 189,303	\$ 189,303	\$ 189,303	\$ -
* Nationwide Trust Company, FSB	Invesco Equity and Income A	\$ -	\$ 183,715	\$ 183,715	\$ 183,715	\$ -
* Nationwide Trust Company, FSB	Pimco Total Return A	\$ -	\$ 183,460	\$ 183,460	\$ 183,460	\$ -
* Nationwide Trust Company, FSB	Natixis Loomis Sayles Strategic Income A	\$ -	\$ 182,295	\$ 182,295	\$ 182,295	\$ -
* Nationwide Trust Company, FSB	BlackRock International Opportunities A	\$ -	\$ 147,007	\$ 147,007	\$ 147,007	\$ -
* Nationwide Trust Company, FSB	RS Partners A	\$ -	\$ 135,925	\$ 135,925	\$ 135,925	\$ -
* Nationwide Trust Company, FSB	Vanguard Midcap Growth Inv	\$ -	\$ 135,649	\$ 135,649	\$ 135,649	\$ -
* Nationwide Trust Company, FSB	Pimco Real Return A	\$ -	\$ 120,680	\$ 120,680	\$ 120,680	\$ -
* Nationwide Trust Company, FSB	Vanguard Intermediate Term Treasury Inv.	\$ -	\$ 112,790	\$ 112,790	\$ 112,790	\$ -
* Nationwide Trust Company, FSB	MFS International New Discovery A	\$ -	\$ 64,012	\$ 64,012	\$ 64,012	\$ -
* Nationwide Trust Company, FSB	Vanguard Target Retirement 2055 Inv	\$ -	\$ 60,327	\$ 60,327	\$ 60,327	\$ -
* Nationwide Trust Company, FSB	Vanguard Target Retirement Income	\$ -	\$ 29,292	\$ 29,292	\$ 29,292	\$ -
* Nationwide Trust Company, FSB	Nationwide Money Market Institute	\$ -	\$ 695	\$ 695	\$ 695	\$ -
* Nationwide Trust Company, FSB	Notes receivable from participants; accruing interest at 4.25%; maturing through April 2019	\$ -	\$ 138,293	\$ 138,293	\$ 138,293	\$ -

* Indicates a party-in-interest to the Plan.

See accompanying independent auditors' report

Aptiv Solutions 401(k) Plan

EIN 20-4354185 Plan No. 001

Schedule H, Line 4(j) – Schedule of Reportable Transactions

For the Year Ended December 31, 2014

(a)	(b)	(c)	(d)	(g)	(h)	(i)
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* Indicates a party-in-interest to the Plan.

See accompanying independent auditors' report