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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DELPHI PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 05/28/1999

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
DELPHI CORPORATION

P.O. BOX 5086
TROY, MI 48007-5086

2b Employer Identification Number (EIN) 27-0791190

2c Plan Sponsor's telephone number 248-813-1256

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.	07/31/2017	ERIK DILLAND
	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)

Preparer's telephone number

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**	6783
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)**	1467
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1436
b	Retired or separated participants receiving benefits	**6b**	562
c	Other retired or separated participants entitled to future benefits	**6c**	3993
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5991
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	117
f	Total. Add lines **6d** and **6e**.	**6f**	6108
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	5555
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	34
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 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **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)** [X] **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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan	**B** Three-digit plan number (PN) ▶
DELPHI PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES	004
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
DELPHI CORPORATION	27-0791190

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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 50 51 60 64 65 71	NONE	315100	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	49900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY MANAGEMENT TRUST CO.

04-3022712

(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?
19 50	NONE	26500	Yes [ ] No [X]	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)

NEPC, LLP

26-1429809

(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?
27 50	NONE	23100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
DELPHI PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DELPHI CORPORATION

D Employer Identification Number (EIN)
27-0791190

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

a Name of MTIA, CCT, PSA, or 103-12 IE: DELPHI CORPORATION SAVINGS TRUST

b Name of sponsor of entity listed in (a): DELPHI CORPORATION

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)
27-0791190-001	M	317084000

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
DELPHI PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
DELPHI CORPORATION

D Employer Identification Number (EIN)
27-0791190

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	290000	372000
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)	12507000	10756000
(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)	317717000	317084000
(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	330514000	328212000
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	186000	226000
k	Total liabilities (add all amounts in lines 1g through1j)	1k	186000	226000
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	330328000	327986000

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)	3502000	
	(B) Participants	2a(1)(B)	2611000	
	(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)		6113000
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)	376000	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		376000
	(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)		22537000
(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		484000
d Total income. Add all **income** amounts in column (b) and enter total	2d		29510000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31270000	
(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)		31270000
f Corrective distributions (see instructions)	2f		100000
g Certain deemed distributions of participant loans (see instructions)	2g		44000
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	53000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	23000	
(4) Other	2i(4)	362000	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		438000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		31852000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2342000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
DELPHI PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
DELPHI CORPORATION

D Employer Identification Number (EIN)
27-0791190

Part I Distributions

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

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

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

EIN(s): 04-6568107

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

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

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

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

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

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

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

Financial Statements and Supplemental Schedules

Delphi Salaried Retirement Savings Program
Delphi Personal Savings Plan for Hourly-Rate Employees in the United States
As of December 31, 2016 and 2015, and
for the Year Ended December 31, 2016
With Report of Independent Auditors

Ernst & Young LLP

Building a better working world

Delphi Salaried Retirement Savings Program
Delphi Personal Savings Plan for Hourly-Rate Employees
in the United States

Financial Statements and Supplemental Schedules

As of December 31, 2016 and 2015, and
for the Year Ended December 31, 2016

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Report of Independent Auditors

The Participants and Administrator
Delphi Salaried Retirement Savings Program
Delphi Personal Savings Plan for Hourly-Rate Employees
in the United States

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Delphi Salaried Retirement Savings Program and the Delphi Personal Savings Plan for Hourly-Rate Employees in the United States, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the year ended December 31, 2016, 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 conducting the audits in accordance with auditing standards generally accepted in the United States. 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 plans' administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the plans' administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plans' administrator has obtained certifications as of December 31, 2016 and 2015, and for the year ended December 31, 2016, stating that the investment information provided to the plan administrator is complete and accurate.

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Disclaimer of Opinion on Financial Statements

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.

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2016 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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. 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 schedules referred to above.

Report on Compliance of Form and Content With Department of Labor's Rules and Regulations

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

Ernst & Young LLP

July 25, 2017

A member firm of Ernst & Young Global Limited

Delphi Selected Employee Benefit Plans

Statements of Net Assets Available for Benefits
(In Thousands)

December 31, 2016

	Salaried Retirement Savings Program	Personal Savings Plan for Hourly-Rate Employees in the United States
Assets		
Investment in Master Trust *(Note 4)*	**$ 1,708,062**	**$ 317,084**
Expense accrual *(Note 5)*	**610**	**372**
Notes receivable from participants *(Note 2)*	**23,428**	**10,756**
Total assets	**1,732,100**	**328,212**
Liabilities		
Accrued liabilities	**150**	**89**
Excess participant contributions refundable *(Note 1)*	**–**	**137**
Total liabilities	**150**	**226**
Net assets available for benefits	**$ 1,731,950**	**$ 327,986**

See accompanying notes.

Delphi Selected Employee Benefit Plans

Statements of Net Assets Available for Benefits
(In Thousands)

December 31, 2015

	Salaried Retirement Savings Program	Personal Savings Plan for Hourly-Rate Employees in the United States
Assets		
Investment in Master Trust *(Note 4)*	$ 1,679,793	$ 317,717
Expense accrual *(Note 5)*	627	290
Notes receivable from participants *(Note 2)*	24,753	12,507
Total assets	1,705,173	330,514
Liabilities		
Accrued liabilities	125	82
Excess participant contributions refundable *(Note 1)*	–	104
Total liabilities	125	186
Net assets available for benefits	$ 1,705,048	$ 330,328

See accompanying notes.

Delphi Selected Employee Benefit Plans

Statements of Changes in Net Assets Available for Benefits
(In Thousands)

Year Ended December 31, 2016

	Salaried Retirement Savings Program	Personal Savings Plan for Hourly-Rate Employees in the United States
Additions		
Additions to net assets attributed to:		
Net investment income from the Master Trust *(Note 4)*	**$ 127,578**	**$ 22,537**
Contributions and other:		
Participant	**47,850**	**2,511**
Employer	**29,831**	**3,502**
Interest on notes receivable	**796**	**376**
Other	**611**	**484**
Total contributions and other	**79,088**	**6,873**
Total additions	**206,666**	**29,410**
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries	**179,038**	**31,314**
Administrative expenses and other	**726**	**438**
Total deductions	**179,764**	**31,752**
Net increase (decrease)	**26,902**	**(2,342)**
Net assets available for benefits:		
Beginning of year	**1,705,048**	**330,328**
End of year	**$ 1,731,950**	**$ 327,986**

See accompanying notes.

Delphi Selected Employee Benefit Plans

Notes to Financial Statements

December 31, 2016

1. Description of Plans

The following descriptions of the Delphi Salaried Retirement Savings Program (the Program or the SRSP) and the Delphi Personal Savings Plan for Hourly-Rate Employees in the United States (the Plan or the PSP, and together with the SRSP, Delphi Selected Employee Benefit Plans or the Plans) provide only general information. Participants should refer to the applicable plan documents for more complete information.

The Board of Directors of Delphi Corporation (Delphi, incorporated on October 7, 2009), currently the U.S. subsidiary of Delphi Automotive PLC, acts as a named fiduciary and delegates to various employees and committees who control and manage the operation and administration of the Plans subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). NEPC, LLC is the investment advisor to the Plans. Fidelity Investment Institutional Operations Company, Inc. (Fidelity or Recordkeeper) acts as the Plans' recordkeeper and Fidelity Management Trust Company (Fidelity or Trustee) acts as the Plans' trustee.

Delphi offers the same investment options to the salaried and hourly participants in the Plans. The investment option structure features the following investment options: custom target date retirement portfolios, equity portfolios, stable value fund and a self-directed brokerage account (SDBA). With these investment options, plan fees are paid through an expense accrual that is deducted from the net asset value (NAV) of the custom investment portfolios. Participants with assets in an SDBA incur a similar expense accrual, but these fees are deducted from their non-brokerage assets (participants can only invest up to 90% of the value of their account in an SDBA). See Note 4, The Master Trust, for additional information regarding these investment options.

Delphi Salaried Retirement Savings Program

General

The Program was established effective January 1, 1999, as a defined contribution plan in connection with Delphi's spin-off from General Motors (GM). Delphi is the sponsor of the Program.

1. Description of Plans (continued)

Eligibility

Salaried employees in the United States (U.S.) are eligible to participate in the Program upon their date of hire and as soon as administratively practicable.

Participant Contributions

An eligible participant may elect to make pretax or after-tax contributions, in 1% increments, up to 60% of eligible salary, as defined in the Program, up to the annual pretax/Roth limit ($18,000 in 2016). Employees age 50 and over, or who will attain age 50 by the end of the year, may elect catch-up contributions up to the maximum Internal Revenue Service (IRS) limits ($6,000 in 2016). Catch-up contributions may not be at a rate of less than 1% or more than 40% of eligible earnings. Participants may also contribute amounts representing eligible rollover distributions from other qualified programs. Employee contributions vest immediately. Contributions are subject to certain IRS limitations. Newly eligible employees are automatically enrolled in the Program at a pretax contribution rate of 7%. Unless otherwise designated by the participant, the automatic 7% contributions are invested in the age-appropriate target date retirement portfolio. Employees may elect to change their rate of contributions or suspend their contributions at any time.

Employer Contributions

The Program sponsor provides both a non-elective and a matching company contribution to each eligible employee. The non-elective company contribution equals 4% of each eligible employee's total Eligible Salary (as defined in the Program), which includes base salary, incentive compensation (including sales incentive), and merit-based recognition awards.

The matching contribution equals $0.50 for every dollar an employee contributes to the Program, capped at 7% of an employee's total compensation. The participant may direct the investment of contributions into one or a number of options available under the Program. Employer contributions vest on an annual basis for the first three years of participation in the Program and subsequently are immediately vested. Contributions are subject to certain IRS limitations.

1. Description of Plans (continued)

Fund Exchanges

Generally, each participant is entitled, on any business day, to exchange a specified portion or all of his or her interest in any of the investment options to other options offered under the Program.

Participant Withdrawals

A participant may withdraw funds from his or her account at any time after attaining age 59½ without penalty, as defined by the Program document. Prior to age 59½, employee after-tax savings may be withdrawn at any time without penalty; however, pretax savings and Roth savings may only be withdrawn upon termination of employment or financial hardship, and a 10% additional tax may apply. Prior to receiving a withdrawal for financial hardship, a participant previously must have taken all available asset distributions, withdrawals and loans under all applicable programs maintained by Delphi. The amount that may be withdrawn for a financial hardship is limited as defined in the Program. The funds that represent a financial hardship withdrawal must conform to conditions required by the IRS. A participant who receives a hardship distribution shall have his or her contributions to the Program suspended for six months following the distribution as defined in the Program document.

If a participant terminates employment, the participant may elect to: (1) receive installment payments, (2) receive partial withdrawals, (3) receive a total settlement, or (4) defer the distribution of assets in such participant's account. If the participant fails to make an election, the participant's assets shall remain in the participant's account until the earlier of the participant's request for settlement or attainment of age 70½ (when required minimum distributions must commence).

If the total of the participant's account at the time of termination is not greater than $1,000, then the participant will receive a distribution of the entire account balance. If a participant terminates employment and the value of the participant's vested assets is more than $1,000 (including amounts attributable to rollover contribution accounts) but less than $5,000 (excluding amounts attributable to rollover contribution accounts) and the participant fails to return the distribution election forms provided by the administrator within the election period, a participant's entire Program account balance will be automatically rolled over to an Individual Retirement Account (IRA). The administrator will select the IRA institution, and such amounts will be invested in accordance with rules and regulations established by the Department of Labor and the IRS.

1. Description of Plans (continued)

Transfers of Program Assets

The administrator may direct the Trustee to accept all of an employee's funds to be transferred from a similar qualified plan and may direct the Trustee to transfer all of a participant's funds to a similar qualified plan, provided such other qualified plan: (i) is maintained by an employer that is a member of a controlled group of corporations of which the employee's current employer is a member and (ii) permits such transfers.

Investment Options

Participants must direct, in 1% increments (0.1% effective December 1, 2016), how their contributions are to be invested. If participants do not direct how their contributions are to be invested, both participant and employer contributions will automatically be invested in the participants' respective age-appropriate target date retirement portfolio.

From time to time, certain funds may impose a redemption fee if an investment is held for less than a stated period. If applicable, these fees are disclosed in the individual mutual fund prospectus, which contains additional information about each fund. The redemption fees are paid to the respective funds and help protect the funds' performance and shareholders by discouraging frequent trading in response to short-term market fluctuations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of both of the employer's contribution and Program earnings and is charged with an allocation of administrative expenses as further discussed in Note 5. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. Description of Plans (continued)

Participant Loans

Once each year, participants may borrow an amount within a range of $1,000 to the lesser of $50,000 or 50% of their vested account balance. Loan maturities generally range from six months to five years but can be extended up to ten years for the purchase or construction of a primary residence, provided a participant may not elect a term that will result in monthly repayments of less than $50. Loans will bear a rate of interest which will be the prime rate as of the last business day of the calendar quarter immediately preceding the date the participant gives appropriate direction for a loan to the Recordkeeper. The interest rate will remain the same throughout the term of the loan. Repayment of loans is generally made through after-tax payroll deductions and is invested in the same discretionary investment options that the participant selected for the participant's savings contributions. A participant may be granted a loan no more frequently than one time each calendar year and may have no more than five loans outstanding at any one time.

Forfeited Accounts

At December 31, 2016 and 2015, forfeited non-vested accounts totaled approximately $89,000 and $73,000, respectively. These accounts may be used to reduce future employer contributions. In 2016, forfeited non-vested accounts reduced employer contributions by approximately $224,000.

Administrative Expenses

Certain costs of Program administration are paid from the Program's assets or by the Program's sponsor on behalf of the Program, as further described in Note 5. Generally, fees and expenses related to investment management of each investment option are paid out of the respective funds. As a result, the returns on those investments are net of the fees and expenses of the managers of those investment options and certain other brokerage commissions, fees and expenses incurred in connection with those investment options.

Excess Participant Contributions Refundable

The Program passed the pretax annual additions limit test for the years ended December 31, 2016 and 2015.

1. Description of Plans (continued)

Delphi Personal Savings Plan for Hourly-Rate Employees in the United States

General

Delphi established the PSP effective May 28, 1999, as a defined contribution plan in connection with its spin-off from GM and is the sponsor of the PSP.

Eligibility

Generally, eligible U.S. hourly-rate full-time and part-time employees may participate and accumulate savings under the PSP upon their date of hire and as soon as administratively practicable.

Participant Contributions

An eligible participant may elect to make pretax or after-tax contributions, in 1% increments, up to 60% of eligible earnings as defined in the PSP up to the annual pretax/Roth limit ($18,000 in 2016). Employees age 50 and over, or who will attain age 50 by the end of the year, may elect catch-up contributions up to the maximum IRS limits ($6,000 in 2016). Catch-up contributions may not be at a rate of less than 1% or more than 40% of eligible earnings. Employee contributions vest immediately. Contributions are subject to certain IRS limitations.

Employer Contributions

For certain employees, Delphi contributes an amount equal to a stated percentage (based on the local union benefit agreements) of eligible weekly earnings to such participants' accounts entirely into the employee's respective target date retirement portfolio. Participants can immediately redistribute these contributions to other funds. Such participants must participate in the PSP for at least three years to be vested in employer contributions. Contributions are subject to certain IRS limitations.

Fund Exchanges

Generally, each participant is entitled, on any business day, to exchange a specified portion or all of his or her interest in any of the investment options to other options offered under the PSP.

1. Description of Plans (continued)

Participant Withdrawals

A participant may withdraw funds from his or her account at any time after attaining age 59½ without penalty, as defined by the PSP document. Prior to age 59½, employee after-tax savings may be withdrawn at any time without penalty; however, pretax savings and Roth savings may only be withdrawn upon termination of employment or financial hardship, and a 10% additional tax may apply. Prior to receiving a withdrawal for financial hardship, a participant previously must have taken all available asset distributions, withdrawals and loans under all applicable plans maintained by Delphi. The amount that may be withdrawn for a financial hardship is limited as defined in the PSP. The funds that represent a financial hardship withdrawal must conform to conditions required by the IRS. A participant who receives a hardship distribution shall have his or her contributions to the PSP suspended for six months following the distribution as defined in the PSP document.

If a participant terminates employment, the participant may elect to: (1) receive installment payments, (2) receive partial withdrawals, (3) receive a total settlement, or (4) defer the distribution of assets in such participant's account. If the participant fails to make an election, the participant's assets shall remain in the participant's account until the earlier of the participant's request for settlement or attainment of age 70½ (when required minimum distributions must commence).

If the total of the participant's account at the time of termination is not greater than $1,000, then the participant will receive a distribution of the entire account balance. If a participant terminates employment and the value of the participant's vested assets is more than $1,000 (including amounts attributable to rollover contribution accounts) but less than $5,000 (excluding amounts attributable to rollover contribution accounts) and the participant fails to return the distribution election forms provided by the administrator within the election period, a participant's entire PSP account balance will be automatically rolled over to an IRA. The administrator will select the IRA institution, and such amounts will be invested in accordance with rules and regulations established by the Department of Labor and the IRS.

1. Description of Plans (continued)

Transfers of PSP Assets

The administrator may direct the Trustee to accept all of an employee's funds to be transferred from a similar qualified plan and may direct the Trustee to transfer all of a participant's funds to a similar qualified plan, provided such other qualified plan: (i) is maintained by an employer that is a member of a controlled group of corporations of which the employee's current employer is a member and (ii) permits such transfers.

Investment Options

Participants must direct, in 1% increments (0.1% effective December 1, 2016), how their contributions are to be invested. If participants do not direct how their contributions are to be invested, both participant and employer contributions will automatically be invested in the participants' respective age-appropriate target date retirement portfolio.

From time to time, certain funds may impose a redemption fee if an investment is held for less than a stated period. If applicable, these fees are disclosed in the individual investment option prospectus, which contains additional information about each fund. The redemption fees are paid to the respective funds and help protect the funds' performance and shareholders by discouraging frequent trading in response to short-term market fluctuations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of both the employer's contribution and PSP earnings and is charged with an allocation of administrative expenses, as further described in Note 5. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Loans

Once each year, participants may borrow an amount within a range of $1,000 to the lesser of $50,000 or 50% of their vested account balance. Loan maturities generally range from 12 months to five years but can be extended to 10 years for the purchase or construction of a primary

1. Description of Plans (continued)

residence, provided a participant may not elect a term that will result in repayments of less than $10 per pay period. Loans shall bear a rate of interest equal to the prime rate prevailing as of the last business day of the calendar quarter immediately preceding the date the participant gives appropriate direction for a loan to the Recordkeeper. The interest rate shall remain the same throughout the term of the loan. Repayment of loans is generally made through after-tax payroll deductions and is invested in the same discretionary investment options that the participant selected for the participant's savings contributions. A participant may have no more than five loans outstanding at any one time.

Forfeited Accounts

At December 31, 2016 and 2015, forfeited non-vested accounts totaled approximately $24,000 and $12,000, respectively. These accounts may be used to reduce future employer contributions. For the year ended December 31, 2016, forfeited non-vested accounts reduced employer contributions by approximately $30,000.

Administrative Expenses

Certain costs of Plan administration are paid from the Plan's assets or by the Plan's sponsor on behalf of the Plan, as further described in Note 5. Generally, fees and expenses related to investment management of each investment option are paid out of the respective funds. As a result, the returns on those investments are net of the fees and expenses of the managers of those investment options and certain other brokerage commissions, fees and expenses incurred in connection with those investment options.

Excess Participant Contributions Refundable

The PSP failed the pretax elective deferral non-discrimination test for the years ended December 31, 2016 and 2015. Excess contributions in 2016 and 2015 of approximately $137,000 and $104,000, respectively, are recorded as a liability on the accompanying statements of net assets available for benefits and as a reduction of participant-directed contributions. During 2017 and 2016, respectively, the PSP refunded these respective excess contributions to its participants as required by law.

2. Summary of Accounting Policies

The significant policies followed in preparation of the accompanying financial statements are as follows:

Basis of Accounting

The financial statements of the Plans have been prepared on the accrual basis of accounting and in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Actual results could differ from those estimates and disclosures of contingent assets and liabilities.

Recently Issued Accounting Pronouncements

In February 2017, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960); Defined Contribution Pension Plans (Topic 962); Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting.* The amendments relate primarily to the reporting by an employee benefit plan (a plan) for its interest in a master trust, which is a trust for which a regulated financial institution serves as a trustee or custodian and in which assets of more than one plan sponsored by a single employer or by a group of employers under common control are held. The amendments are effective for fiscal years beginning after December 15, 2018 and early adoption is permitted. The adoption of this guidance is not expected to have a significant impact on the Plans' financial statements.

2. Summary of Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plans' investments are stated at fair value. Refer to Note 4 for additional disclosures. 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.

Purchases and sales of securities are recorded on the trade-date basis. Net appreciation includes the Plans' gains and losses on investments bought and sold, as well as held during the year and is recorded on the accompanying statement of changes in net assets available for benefits as net investment income from the Delphi Corporation Savings Trust (the Master Trust). Investment income is recognized as earned based on the terms of the investments and the periods during which the Master Trust holds the investments. Dividends are recorded on the ex-dividend date.

Payments of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants represent participant loans 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. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. 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.

3. Information Certified by Trustee

The Plans' administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain investment information disclosed in the accompanying financial statements and supplemental schedules including investments held and notes receivable from participants at December 31, 2016 and 2015, and net appreciation (depreciation) in fair value of investments, interest, dividends and interest income on notes receivable from participants for the year ended December 31, 2016, was obtained or derived from information provided and certified as complete and accurate by Fidelity, the trustee of the Plans.

4. The Master Trust

The Master Trust was established pursuant to a trust agreement between the Plans' sponsor and Fidelity, as Trustee of the Master Trust, in order to permit the commingling of trust assets of multiple employee benefit plans for investment and administrative purposes.

Employee benefit plans participating in the Master Trust as of December 31, 2016 and 2015 are the SRSP and the PSP.

Investment income and administrative expenses related to the Master Trust are allocated to the individual Plans daily based on each participant's account balance within each investment fund option.

The Plans' respective interests in the Master Trust are as follows:

	December 31	
	2016	**2015**
SRSP	**85%**	84%
PSP	**15**	16
	100%	100%

4. The Master Trust (continued)

Master Trust Assets

The target date retirement, stable value fund and equity portfolios are made up of common/collective trusts, common stock, and mutual funds according to the respective portfolio investing criteria. Participants may also directly invest in a variety of investments, including mutual funds, listed stocks, options, bonds and foreign securities through the brokerage option.

The net assets of the Master Trust are summarized as follows:

	December 31	
	2016	**2015**
	(In Thousands)	
Assets		
Interest-bearing cash	**$ 3,499**	$ 3,756
Common/collective trusts	**1,348,833**	1,325,518
Mutual funds	**396,648**	418,101
Common stock	**94,655**	69,586
SDBA investments	**180,860**	180,429
Total investments at fair value	**2,024,495**	1,997,390
Interest and dividends receivable	**1,756**	1,782
Accrued expenses	**(1,105)**	(1,662)
Net assets	**$ 2,025,146**	$ 1,997,510

The net investment income of the Master Trust is summarized as follows for the year ended December 31, 2016 (in thousands):

Interest and dividends	$ 18,843
Administrative expenses	(1,381)
Net appreciation in fair value of investments, net of fees	132,653
Total net investment income	$ 150,115

4. The Master Trust (continued)

Fair Value Measurement of Investments within the Master Trust

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value 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." The definition of fair value is based on an exit price rather than an entry price, regardless of whether the entity plans to hold or sell the asset, and fair value should be based on assumptions that market participants would use, including non-performance risk. ASC 820 also establishes a fair value hierarchy to prioritize inputs used in measuring fair value as follows:

- Level 1 – Observable inputs such as quoted prices in active markets.
- Level 2 – Inputs, other than quoted prices in active markets, which are observable either directly or indirectly.
- Level 3 – Unobservable inputs for which there is little or no market data, thereby requiring the reporting entity to develop its own assumptions.

Assets and liabilities measured at fair value are based on one or more of the following three valuation techniques noted in ASC 820:

- *Market approach:* Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.
- *Cost approach:* Amount that would be required to replace the service capacity of an asset (replacement cost).
- *Income approach:* Techniques to convert future amounts to a single present amount based upon market expectations (including present value techniques, option-pricing and excess earnings models).

4. The Master Trust (continued)

As of December 31, 2016 and 2015, the Master Trust held the following assets measured at fair value on a recurring basis:

		Fair Value Measurements Using:		
	Total	**Quoted Prices in Active Markets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
		(In Thousands)		
December 31, 2016				
Interest-bearing cash	$ 3,499	$ 3,499	$ –	**$** –
Mutual funds	396,648	396,648	–	–
Common stock	94,655	94,655	–	–
SDBA investments	180,860	180,799	61	–
Total assets in fair value hierarchy	675,662	$ 675,601	$ 61	**$** –
Investments measured at net asset value:[a]				
Fixed-income trusts[b]	461,680			
Large-cap equity trusts[c]	568,455			
International equity trusts[d]	135,817			
Small/mid-cap equity trusts[e]	182,881			
Investments at fair value	$ 2,024,495			

4. The Master Trust (continued)

		Fair Value Measurements Using:		
	Total	**Quoted Prices in Active Markets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
		(In Thousands)		
December 31, 2015				
Interest-bearing cash	$ 3,756	$ 3,756	$ –	$ –
Mutual funds	418,101	418,101	–	–
Common stock	69,586	69,586	–	–
SDBA investments	180,429	180,401	28	–
Total assets in fair value hierarchy	671,872	$ 671,844	$ 28	$ –
Investments measured at net asset value:[a]				
Fixed-income trusts[b]	446,346			
Large-cap equity trusts[c]	563,433			
International equity trusts[d]	139,320			
Small/mid-cap equity trusts[e]	176,419			
Investments at fair value	$ 1,997,390			

[a] In accordance with ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented on the statement of net assets available for benefits.

[b] The fixed-income trusts seek total returns consistent with the long-term preservation of capital and provide for daily redemptions by the Plans at reported NAVs per share, with no advance notice required.

[c] The large-cap equity trusts seek long-term capital appreciation by investing primarily in large company stocks listed on major U.S. stock exchanges and provide for daily redemptions by the Plans at reported NAVs per share, with no advance notice required.

4. The Master Trust (continued)

(d) The international equity trusts seek long-term growth of capital from investments in non-U.S. stocks and provide for daily redemptions by the Plans at reported NAVs per share, with no advance notice required.

(e) The small/mid-cap equity trusts seek long-term capital appreciation by investing primarily in small-sized stocks listed on major U.S. stock exchanges and provide for daily redemptions by the Plans at reported NAVs per share, with no advance notice required.

The following is a description of the valuation techniques and inputs used for each general type of investment within the Master Trust measured at fair value at December 31, 2016 and 2015:

- Common/collective trusts are valued using the NAV.

- Mutual funds are publicly traded on an open market and are valued at the closing price reported by the market in which they are traded.

- Common stock and interest-bearing cash accounts are publicly traded on an open market and are valued at the closing price reported by the market in which they are traded.

- SDBA investments are traded on open markets and are valued at the closing price of the investments in which the participant invests. These investments include mutual funds, common and preferred stock, rights, warrants, options, certificates of deposit, corporate debt securities and cash and other short-term marketable securities.

5. Expense Accrual

The Plans' sponsor assessed a fee accrual of 16 basis points for the PSP and 4 basis points for the SRSP to cover administrative expenses for the Plans. This accrual is deducted from the daily net asset value of the investment portfolios. The accruals are accumulated in the respective Fidelity investment portfolios maintained by the Trustee pending receipt of invoices from service providers for the Plans.

The expense accruals and the Plans' expenses were reported on the statement of changes in net assets available for benefits for the year ended December 31, 2016, as other contributions and administrative expenses, respectively, as follows:

	SRSP	PSP
	(In Thousands)	
Expense accruals	$ 671	$ 503
Plans' expenses	684	418

In March 2017, the Plans' sponsor reduced the 16 basis-point fee for the PSP to 13 basis points, effective May 15, 2017. The 4 basis-point fee for the SRSP was not changed.

6. Related-Party Transactions

Certain of the Plans' investments are managed by Fidelity. Fidelity is the Recordkeeper and Trustee as defined by the Plans, and therefore, these transactions qualify as party-in-interest transactions. Participant loans for the SRSP and PSP also qualify as party-in-interest transactions. Transactions with Fidelity and participant loans for the Plans are exempt from the prohibited transaction rules under ERISA.

7. Termination of the Plans

Although it has not expressed any intent to do so, the Plans' sponsor has the right to terminate the Plans subject to the provisions of ERISA and the appropriate collective bargaining agreement. Such termination of the Plans, if any, would not affect a participant's interest in assets already in the Plans. If terminated, participants become 100% vested in their accounts in the SRSP and PSP.

8. Tax Status

The Plans have received determination letters from the IRS dated May 10, 2017 (for the PSP) and April 17, 2017 (for the SRSP), stating that the Plans are qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to these determinations by the IRS, the PSP and SRSP were amended. Once qualified, the Plans are required to operate in conformity with the Code to maintain their qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plans' operations into compliance with the Code.

Accounting principles generally accepted in the United States require plans' management to evaluate uncertain tax positions taken by the Plans. 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 plans' administrator has analyzed the tax positions taken by the Plans, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken. The Plans have recognized no interest or penalties related to uncertain tax positions. The Plans are subject to routine audits by taxing jurisdictions.

9. Risks and Uncertainties

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

10. Subsequent Events

Delphi evaluated the effects of all events that occurred subsequent to December 31, 2016 through July 25, 2017, the date that the accompanying financial statements were available to be issued.

Supplemental Schedules

Schedules H, Part IV, Line 4i – Schedules of Assets (Held at End of Year)

December 31, 2016

Delphi Salaried Retirement Savings Program

EIN: 27-0791190; Plan No.: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
*	Participant loans	Interest rates from 3.25% to 9.50% with maturities through 2027	$ 23,428

Delphi Personal Savings Plan for Hourly-Rate Employees in the United States

EIN: 27-0791190; Plan No.: 004

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
*	Participant loans	Interest rates from 3.25% to 9.50% with maturities through 2026	$ 10,756

*Represents a party-in-interest

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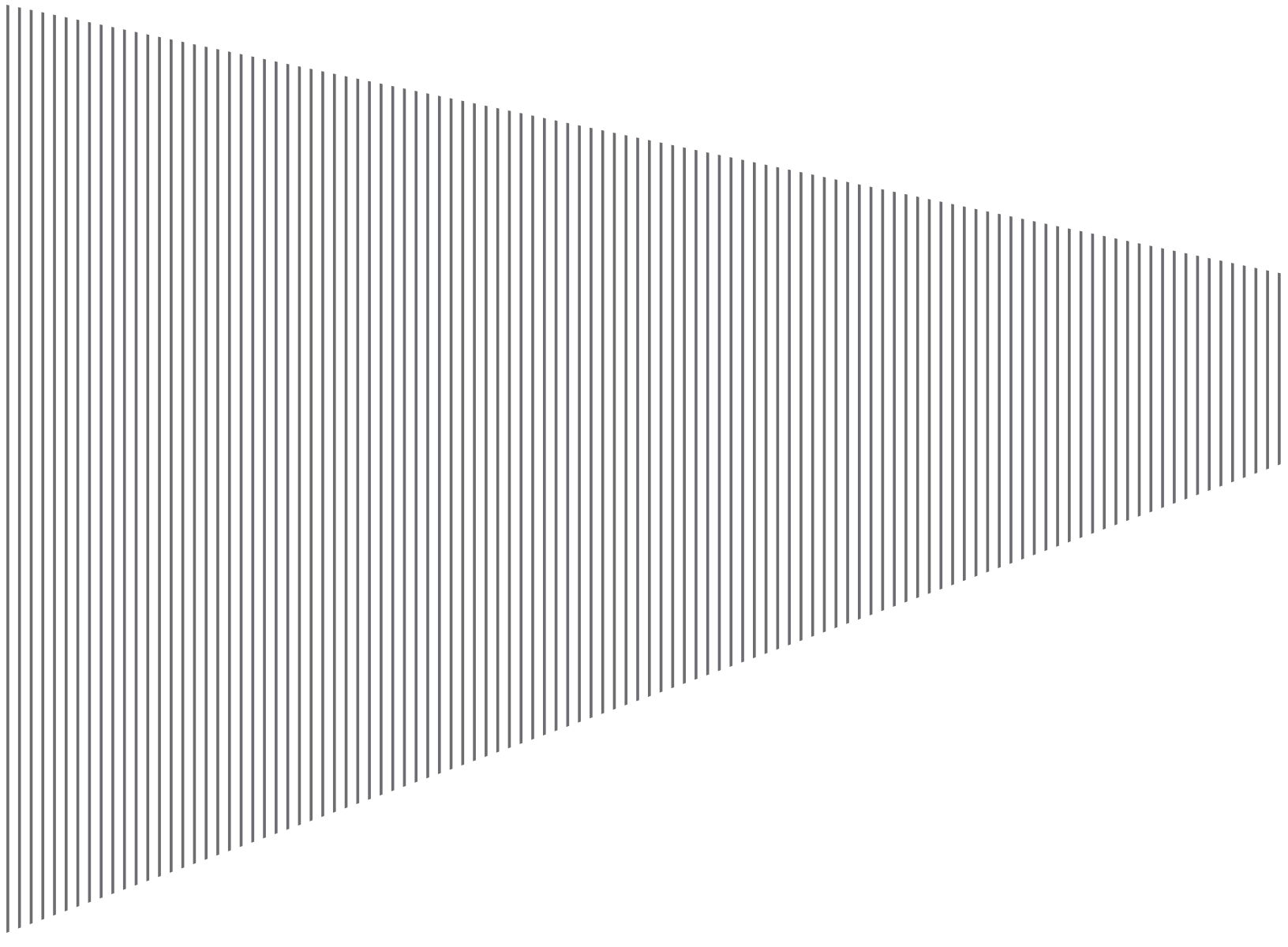

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)