

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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.) ☒ 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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>APTIV SALARIED 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1999</u>					
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) <u>APTIV CORPORATION</u> <u>EMPLOYEE BENEFITS</u> <u>5725 INNOVATION DRIVE</u> <u>TROY, MI 48098</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>27-0791190</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>248-729-2669</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>27-0791190</u>	2c Plan Sponsor's telephone number <u>248-729-2669</u>	2d Business code (see instructions) <u>336300</u>	
2b Employer Identification Number (EIN) <u>27-0791190</u>					
2c Plan Sponsor's telephone number <u>248-729-2669</u>					
2d Business code (see instructions) <u>336300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	JUSTIN AIROSO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name APTIV CORPORATION c Plan Name APTIV SALARIED RETIREMENT SAVINGS PROGRAM		4b EIN 27-0791190 4d PN 002	
5 Total number of participants at the beginning of the plan year		5	6524
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)	2445
a(2) Total number of active participants at the end of the plan year		6a(2)	2586
b Retired or separated participants receiving benefits.....		6b	390
c Other retired or separated participants entitled to future benefits		6c	3513
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	6489
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	18
f Total. Add lines 6d and 6e		6f	6507
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	6464
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 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) ☐ <u>0</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan APTIV SALARIED 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 APTIV CORPORATION	D Employer Identification Number (EIN) 27-0791190	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

FIDELITY 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	246700	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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	130700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY MGMT 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	117200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	53200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DICKINSON WRIGHT

38-1364333

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	20500	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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2021</p> <hr/> <p style="text-align: center; font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>APTIV SALARIED 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>APTIV CORPORATION</u>	D Employer Identification Number (EIN) <u>27-0791190</u>	

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

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

c EIN-PN <u>27-0791190-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1717268471</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan APTIV SALARIED 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 APTIV CORPORATION	D Employer Identification Number (EIN) 27-0791190	

Part I	Asset and Liability Statement
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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)	449306	122768
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)	12033352	11133667
(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)	1630792063	1717268471
(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	1643274721 1728524906
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	134297 122188
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	134297 122188
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1643140424 1728402718

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	21195401
	(B) Participants	2a(1)(B)	40215824
	(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)	61411225
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)	512748
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	512748
(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)		203204702
(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		425549
d Total income. Add all income amounts in column (b) and enter total.....	2d		265554224
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	179533889	
(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)		179533889
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	73700	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	130700	
(4) Other.....	2i(4)	553641	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		758041
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		180291930
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		85262294
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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?	X		9353
4l	X		9353
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

<div>A Name of plan APTIV SALARIED 401(K) PLAN</div>	<div>B Three-digit plan number (PN) ▶ 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 APTIV CORPORATION</div>	<div>D Employer Identification Number (EIN) 27-0791190</div>

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

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>	<div>0</div>
<div>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</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>		
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>	

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.)
---------	--

<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div> <div>If the plan is a defined benefit plan, go to line 8.</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☐ N/A</div>

Part III	Amendments
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<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☐ No</div>
--	--

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.
---------	--

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

Aptiv Salaried 401(k) Plan (formerly the Aptiv Salaried Retirement Savings Program)

Aptiv Hourly 401(k) Plan (formerly the Aptiv Personal Savings Plan for Hourly-Rate Employees in the United States)

As of December 31, 2021 and 2020, and
for the Year Ended December 31, 2021

With Report of Independent Auditors

Aptiv Salaried 401(k) Plan (formerly the Aptiv Salaried Retirement Savings Program)
Aptiv Hourly 401(k) Plan (formerly the Aptiv Personal Savings Plan for Hourly-Rate
Employees in the United States)

Financial Statements and Supplemental Schedules

As of December 31, 2021 and 2020, and
for the Year Ended December 31, 2021

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Report of Independent Auditors

The Participants and Administrator

Aptiv Salaried 401(k) Plan (formerly the Salaried Retirement Savings Program)

Aptiv Hourly 401(k) Plan (formerly the Personal Savings Plan for Hourly-Rate Employees in the United States)

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed audits of the financial statements of Aptiv Salaried 401(k) Plan and Aptiv Hourly 401(k) Plan (the Plans), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes (collectively referred to as the “financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plans (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s Responsibilities for the Audits of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material

respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinions on the 2021 Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the 2021 Financial Statements section of our report. We are required to be independent of the Plans and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining current plan instruments, including all plan amendments, administering the Plans, and determining that the Plans' transactions that are presented and disclosed in the financial statements are in conformity with the Plans' provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audits of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plans' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of Assets (held at end of year) as of December 31, 2021 (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been

subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

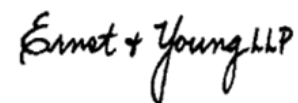
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the financial statements of the Plans as of and for the year ended December 31, 2020. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the investment information certified by a qualified institution. In our report dated July 30, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on those financial statements, and (b) the form and content of the information included in those financial statements other than that derived from the certified investment information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



October 12, 2022

Aptiv Selected Employee Benefit Plans

Statements of Net Assets Available for Benefits (In Thousands)

December 31, 2021

	Salaried 401(k) Plan (formerly the Salaried Retirement Savings Program)	Hourly 401(k) Plan (formerly the Personal Savings Plan for Hourly-Rate Employees in the United States)
Assets		
Investment in Master Trust <i>(Note 4)</i>	\$ 1,717,268	\$ 341,168
Expense accrual <i>(Note 5)</i>	123	522
Notes receivable from participants <i>(Note 2)</i>	11,134	5,582
Total assets	<u>1,728,525</u>	<u>347,272</u>
Liabilities		
Accrued liabilities	122	55
Excess participant contributions refundable <i>(Note 1)</i>	<u>—</u>	<u>25</u>
Total liabilities	122	80
Net assets available for benefits	<u><u>\$ 1,728,403</u></u>	<u><u>\$ 347,192</u></u>

See accompanying notes.

Aptiv Selected Employee Benefit Plans

Statements of Net Assets Available for Benefits (In Thousands)

December 31, 2020

	Salaried 401(k) Plan (formerly the Salaried Retirement Savings Program)	Hourly 401(k) Plan (formerly the Personal Savings Plan for Hourly-Rate Employees in the United States)
Assets		
Investment in Master Trust <i>(Note 4)</i>	\$ 1,630,792	\$ 329,722
Expense accrual <i>(Note 5)</i>	449	569
Notes receivable from participants <i>(Note 2)</i>	12,033	6,781
Total assets	1,643,274	337,072
Liabilities		
Accrued liabilities	134	60
Excess participant contributions refundable <i>(Note 1)</i>	—	16
Total liabilities	134	76
Net assets available for benefits	<u>\$ 1,643,140</u>	<u>\$ 336,996</u>

See accompanying notes.

Aptiv Selected Employee Benefit Plans

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

Year Ended December 31, 2021

	Salaried 401(k) Plan (formerly the Salaried Retirement Savings Program)	Hourly 401(k) Plan (formerly the Personal Savings Plan for Hourly-Rate Employees in the United States)
Additions		
Additions to net assets attributed to:		
Net investment gain from the Master Trust <i>(Note 4)</i>	\$ 203,205	\$ 31,703
Contributions and other:		
Participant	40,216	2,222
Employer	21,195	2,728
Interest on notes receivable	513	276
Other	426	305
Total contributions and other	<u>62,350</u>	<u>5,531</u>
Total additions	265,555	37,234
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries	179,534	26,651
Administrative expenses and other	758	387
Total deductions	<u>180,292</u>	<u>27,038</u>
Net increase	85,263	10,196
 Net assets available for benefits:		
Beginning of year	1,643,140	336,996
End of year	<u><u>\$ 1,728,403</u></u>	<u><u>\$ 347,192</u></u>

See accompanying notes.

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements

December 31, 2021

1. Description of Plans

The following descriptions of the Aptiv Salaried 401(k) Plan (formerly the Aptiv Salaried Retirement Savings Program) (the Salaried Plan) and the Aptiv Hourly 401(k) Plan (formerly the Aptiv Personal Savings Plan for Hourly-Rate Employees in the United States) (the Hourly Plan, and together with the Salaried Plan, Aptiv Selected Employee Benefit Plans or the Plans) provide only general information. Participants should refer to the applicable plan documents for more complete information.

Aptiv PLC (Aptiv) is a public limited company formed under the laws of Jersey on May 19, 2011 as Delphi Automotive PLC, which, through its subsidiaries, acquired certain assets of the former Delphi Corporation and completed an initial public offering on November 22, 2011.

The Board of Directors of Aptiv Corporation (incorporated on October 7, 2009), a U.S. subsidiary of Aptiv, 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) serves as the Plans' trustee.

Aptiv 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). See Note 4 for additional information regarding these investment options. Through June 30, 2021, plan fees were 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 incurred a similar expense accrual, but these fees were deducted from their non-brokerage assets (participants can only invest up to 90% of the value of their account in an SDBA). Effective July 1, 2021, the Plans' sponsor assessed a fee of \$9.25 per quarter per Participant, which will be used for plan fees. See Note 5 for additional information regarding plan fees.

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

1. Description of Plans (Continued)

Aptiv Salaried 401(k) Plan

General

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

Eligibility

Salaried employees in the United States (U.S.) are eligible to participate in the Salaried Plan 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 0.1% increments, up to 60% of eligible salary, as defined in the Salaried Plan, up to the annual pretax/Roth limit (\$19,500 in 2021). 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 (\$6,500 in 2021). Catch-up contributions may not be at a rate of less than 0.1% 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 Salaried Plan 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 Salaried Plan 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 Salaried Plan, which includes base salary, incentive compensation (including sales incentive), and merit-based recognition awards.

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

1. Description of Plans (Continued)

The matching contribution equals \$0.50 for every dollar an employee contributes to the Salaried Plan, 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 Salaried Plan. Prior to 2021, employer contributions vested on an annual basis for the first three years of participation in the Salaried Plan and subsequently were immediately vested. Beginning in 2021, employer contributions began vesting immediately upon contribution to the Salaried Plan. 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 Salaried Plan.

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 Salaried Plan 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 Aptiv. The amount that may be withdrawn for a financial hardship is limited as defined in the Salaried Plan. The funds that represent a financial hardship withdrawal must conform to conditions required by the IRS.

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

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

1. Description of Plans (Continued)

request for settlement or attainment of age 72 (when required minimum distributions must commence), which was increased from age 70½ effective January 1, 2020 in accordance with the Setting Every Community Up for Retirement Enhancement Act of 2019.

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 Salaried Plan 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.

Transfers of Salaried Plan 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: (1) 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 (2) permits such transfers.

Investment Options

Participants must direct, in 0.1% increments, 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.

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

1. Description of Plans (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of both of the employer's contribution and Salaried Plan earnings and through June 30, 2021, was charged with an allocation of administrative expenses. Effective July 1, 2021, each participant account is charged with a flat fee for administrative expenses. Refer to Note 5 for additional information on plan fees. 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 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 three loans outstanding at any one time of which one loan may be for the purchase or construction of a primary residence.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited non-vested accounts totaled approximately \$390,000 and \$1,209,000, respectively. These accounts may be used to reduce future employer contributions or pay Salaried Plan expenses. In 2021, forfeited non-vested accounts reduced employer contributions by approximately \$1,437,000.

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

1. Description of Plans (Continued)

Administrative Expenses

Certain costs of the Salaried Plan administration are paid from the Salaried Plan's assets or by the Salaried Plan's sponsor on behalf of the Salaried 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.

Aptiv Hourly 401(k) Plan

General

Aptiv established the Hourly Plan effective May 28, 1999, as a defined contribution plan in connection with its spin-off from GM. Aptiv Corporation is the sponsor of the Hourly Plan.

Eligibility

Generally, eligible U.S. hourly-rate full-time and part-time employees may participate and accumulate savings under the Hourly Plan 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 0.1% increments, up to 60% of eligible earnings as defined in the Hourly Plan up to the annual pretax/Roth limit (\$19,500 in 2021). 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 (\$6,500 in 2021). Catch-up contributions may not be at a rate of less than 0.1% or more than 40% of eligible earnings. Employee contributions vest immediately. Contributions are subject to certain IRS limitations.

Employer Contributions

For certain employees, Aptiv contributes an amount equal to a stated percentage (based on the local union benefit agreements) of eligible weekly earnings to such participants' accounts

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

1. Description of Plans (Continued)

entirely into the participant's respective target date retirement portfolio. Participants can immediately redistribute these contributions to other funds. Such participants must participate in the Hourly Plan 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 Hourly Plan.

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 Hourly Plan 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 Aptiv. The amount that may be withdrawn for a financial hardship is limited as defined in the Hourly Plan. The funds that represent a financial hardship withdrawal must conform to conditions required by the IRS.

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 72 (when required minimum distributions must commence), which was increased from age 70½ effective January 1, 2020 in accordance with the Setting Every Community Up for Retirement Enhancement Act of 2019.

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

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

1. Description of Plans (Continued)

election forms provided by the administrator within the election period, a participant's entire Hourly Plan 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.

Transfers of Hourly Plan 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: (1) 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 (2) permits such transfers.

Investment Options

Participants must direct, in 0.1% increments, 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 Hourly Plan earnings and through June 30, 2021, was charged with an allocation of administrative expenses. Effective July 1, 2021, each participant account is charged with a flat fee for administrative expenses. Refer to Note 5 for additional information on plan fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

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 12 months to five years but can be extended to 10 years for the purchase or construction of a primary 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 three loans outstanding at any one time of which one loan may be for the purchase or construction of a primary residence.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited non-vested accounts totaled approximately \$127,000 and \$159,000, respectively. These accounts may be used to reduce future employer contributions. In 2021, forfeited non-vested accounts reduced employer contributions by approximately \$190,000.

Administrative Expenses

Certain costs of Plan administration are paid from the Hourly Plan's assets or by the Hourly Plan's sponsor on behalf of the Hourly 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 Hourly Plan failed the elective deferral non-discrimination test for the years ended December 31, 2021 and 2020. Excess contributions in 2021 and 2020 of approximately \$25,000

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

1. Description of Plans (Continued)

and \$16,000, 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 2022 and 2021, the Hourly Plan refunded the respective excess contributions to its participants as required by law.

Coronavirus Aid, Relief, and Economic Security Act (applicable to both the Salaried Plan and Hourly Plan)

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) was signed into law. The CARES Act contained several provisions that temporarily impacted 401(k) type plans, including penalty-free coronavirus-related distributions of up to \$100,000 per individual, increasing the maximum participant loan limit to the lesser of \$100,000 or 100% of the participant's vested account balance, allowing the suspension of loan payments on outstanding loans for one year, as well as the waiver of required minimum distributions for 2020. During 2020, the Plan Sponsor incorporated these provisions into the Plans to allow certain eligible individuals to receive COVID-19 relief available under the CARES Act in the form of coronavirus-related distributions and a delay in the due date for repayments for outstanding plan loans occurring during the period beginning on March 27, 2020 and ending on December 31, 2020 for one year, as provided in the CARES Act. The Plans executed a formal amendment within the timeframe required by law in 2021 to incorporate these provisions into the Plans.

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 in the financial statements and

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

2. Summary of Accounting Policies (Continued)

accompanying notes and supplemental schedules. Actual results could differ from those estimates and disclosures of contingent assets and liabilities.

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 (losses) on investments bought and sold, as well as held during the year and is recorded on the accompanying statements of changes in net assets available for benefits as net investment income from the Aptiv Corporation Savings Trust (the Master Trust). Interest income is recognized as earned. 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, 2021 or 2020. 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.

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

3. Information Certified by Trustee and Custodian

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, 2021 and 2020, 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, 2021, 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, 2021 and 2020 are the Salaried Plan and the Hourly Plan.

Investment income (loss) and 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.

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.

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

4. The Master Trust (Continued)

As of December 31, 2021 and 2020, the net assets of the Plans' respective interests in the Master Trust are summarized as follows:

Net Assets as of December 31, 2021			
	Master Trust	Salaried Plan Interest in Master Trust	Hourly Plan Interest in Master Trust
	(In Thousands)		
Assets			
Non-interest-bearing cash.....	\$ 261	\$ 201	\$ 60
Common/collective trusts.....	1,606,196	1,330,565	275,631
Mutual funds.....	241,033	191,016	50,017
SDBA investments.....	211,603	195,954	15,649
Total investments at fair value.....	2,059,093	1,717,736	341,357
Interest and dividends receivable.....	5,071	4,392	679
Accrued expenses.....	(5,728)	(4,860)	(868)
Net assets.....	\$ 2,058,436	\$ 1,717,268	\$ 341,168

Net Assets as of December 31, 2020			
	Master Trust	Salaried Plan Interest in Master Trust	Hourly Plan Interest in Master Trust
	(In Thousands)		
Assets			
Non-interest-bearing cash	\$ 1,526	\$ 1,126	\$ 400
Common/collective trusts	1,366,361	1,135,975	230,386
Mutual funds	297,405	228,687	68,718
Common stock	98,479	82,066	16,413
SDBA investments	198,589	184,418	14,171
Total investments at fair value	1,962,360	1,632,272	330,088
Interest and dividends receivable	2,882	2,471	411
Accrued expenses	(4,728)	(3,951)	(777)
Net assets	\$ 1,960,514	\$ 1,630,792	\$ 329,722

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

4. The Master Trust (Continued)

The net income (loss) of the Master Trust is summarized as follows for the year ended December 31, 2021 (in thousands):

Interest and dividends	\$	19,464
Administrative expenses		(1,267)
Net appreciation in fair value of investments, net of fees		216,711
Net income	\$	<u>234,908</u>

Fair Value Measurement of Investments Within the Master Trust

Financial Accounting Standards Board 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.

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

4. The Master Trust (Continued)

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).

As of December 31, 2021 and 2020, 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)	
<i>(In Thousands)</i>				
December 31, 2021				
Non-interest-bearing cash.....	\$ 261	\$ 261	\$ —	\$ —
Common/collective trusts.....	1,606,196	1,606,196	—	—
Mutual funds.....	241,033	241,033	—	—
SDBA investments	211,603	211,494	109	—
Total assets in fair value hierarchy..	<u>\$ 2,059,093</u>	<u>\$ 2,058,984</u>	<u>\$ 109</u>	<u>\$ —</u>

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

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)	
<i>(In Thousands)</i>				
December 31, 2020				
Non-interest-bearing cash.....	\$ 1,526	\$ 1,526	\$ —	\$ —
Common/collective trusts.....	1,366,361	1,366,361	—	—
Mutual funds.....	297,405	297,405	—	—
Common stock.....	98,479	98,479	—	—
SDBA investments.....	198,589	198,280	309	—
Total assets in fair value hierarchy..	<u>\$ 1,962,360</u>	<u>\$ 1,962,051</u>	<u>\$ 309</u>	<u>\$ —</u>

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, 2021 and 2020:

- Common/collective trusts are valued at the closing price reported by the market in which they are traded.
- Mutual funds, common stock and non-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 Accruals

Through June 30, 2021, the Plans' sponsor assessed a fee accrual of 13 basis points for the Hourly Plan and 4.5 basis points for the Salaried Plan to cover administrative expenses for the Plans. Effective July 1, 2021, the Plans' sponsor assessed a fee of \$9.25 per quarter per Participant,

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

5. Expense Accruals (Continued)

which will be used for recordkeeping and trustee fees of the Plans. Participants with a balance of less than \$1,000 will not be assessed this fee. This fee is deducted directly from the Participants' account value. Previously, the fee accrual was accumulated in the respective Fidelity investment portfolios maintained by the Trustee pending receipt of invoices from service providers for the Plans. This fee accrual will be utilized until it is substantially depleted, at which time administrative expenses will be paid by the Plans' sponsor.

The expense accruals and the Plans' expenses were reported on the statements of changes in net assets available for benefits for the year ended December 31, 2021, as other contributions and administrative expenses, respectively, as follows:

	Salaried Plan	Hourly Plan
	<i>(In Thousands)</i>	
Expense accruals assessed	\$ 494	\$ 298
Plans' expenses	682	327

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 Salaried Plan and Hourly Plan 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 Salaried Plan and Hourly Plan.

8. Tax Status

The Plans have received determination letters from the IRS dated May 10, 2017 (for the Hourly Plan) and April 17, 2017 (for the Salaried Plan), stating that the Plans are qualified under Section

Aptiv Selected Employee Benefit Plans

Notes to Financial Statements (Continued)

8. Tax Status (Continued)

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 Hourly Plan and Salaried Plan were amended. Once qualified, the Plans are required to operate in conformity with the Code to maintain their qualified status. The Plans' 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, 2021, 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, however, there are currently no audits for any tax periods in progress.

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

Aptiv evaluated the effects of all events that occurred subsequent to December 31, 2021 through October 12, 2022, the date that the accompanying financial statements were available to be issued. As a result, there were no significant changes or updates to disclose.

Supplemental Schedules

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

December 31, 2021

Aptiv Salaried 401(k) Plan (formerly the Aptiv 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 (In Thousands)
*	Participant loans	Interest rates from 3.25% to 9.50% with maturities through 2032	\$ 11,134

Aptiv Hourly 401(k) Plan (formerly the Aptiv 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 (In Thousands)
*	Participant loans	Interest rates from 3.25% to 9.50% with maturities through 2030	\$ 5,582

* Represents a party-in-interest.

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)