

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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**

<p><b>1a</b> Name of plan <u>APTIV SALARIED 401(K) PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> 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></p> <p><u>EMPLOYEE BENEFITS</u> <u>5725 INNOVATION DRIVE</u> <u>TROY, MI 48098</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1999</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>27-0791190</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>248-813-3005</u></p> <p><b>2d</b> Business code (see instructions) <u>336300</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	JUSTIN AIROSO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	6399
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2207
	<b>6a(2)</b>	2373
	<b>6b</b>	225
	<b>6c</b>	3370
	<b>6d</b>	5968
	<b>6e</b>	25
	<b>6f</b>	5993
	<b>6g(1)</b>	6399
<b>6g(2)</b>	5993	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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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	237341	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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	151043	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY MANAGEMENT TRUST COMPANY

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	107240	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

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	14331	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>APTIV CORPORATION SAVINGS TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>APTIV CORPORATION</u>		
<b>c</b> EIN-PN <u>27-0791190-001</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1586120473</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>APTIV SALARIED 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>APTIV CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>27-0791190</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	637565      580337
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	10806821      10886599
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	1525517250      1586120473
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1536961636	1597587409
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	250462	94020
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	250462	94020
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1536711174	1597493389

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	24787672	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	40733912	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		65521584
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	706026	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		706026
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		201178903
(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)		
<b>c</b> Other income .....	2c		-289046
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		267117467

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	205825335	
(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)		205825335
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)	237303	
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	151043	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	107240	
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)	14331	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		509917
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		206335252

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		60782215
<b>l</b> 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** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		25000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	X		6316
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 04-6568107

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	
--	---	--

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

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

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (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.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES

Aptiv Salaried 401(k) Plan  
Aptiv Hourly 401(k) Plan  
As of December 31, 2024 and 2023, and  
for the Year Ended December 31, 2024  
With Report of Independent Auditors

Aptiv Salaried 401(k) Plan  
Aptiv Hourly 401(k) Plan

Financial Statements and Supplemental Schedules

As of December 31, 2024 and 2023, and  
for the Year Ended December 31, 2024

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## **Report of Independent Auditors**

The Participants and Administrator  
Aptiv Salaried 401(k) Plan  
Aptiv Hourly 401(k) Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

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, 2024 and 2023, and the related statements of changes in net assets available for benefits for the year ended December 31, 2024, 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, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s Responsibilities for the Audits of the 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 Opinion**

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 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 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 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 audits.

## **Other Matters**

### *Supplemental Schedules Required by ERISA*

The supplemental schedules of assets (held at end of year) as of December 31, 2024 (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).

*Ernst & Young LLP*

October 14, 2025

## Aptiv Selected Employee Benefit Plans

### Statements of Net Assets Available for Benefits (In Thousands)

December 31, 2024

	<b>Salaried 401(k) Plan</b>	<b>Hourly 401(k) Plan</b>
<b>Assets</b>		
Investment in Master Trust <i>(Note 4)</i> .....	\$ 1,586,120	\$ 291,341
Other assets .....	580	—
Notes receivable from participants <i>(Note 2)</i> .....	10,887	5,186
Total assets .....	1,597,587	296,527
<b>Liabilities</b>		
Accrued liabilities .....	93	43
Excess participant contributions refundable <i>(Note 1)</i> .....	—	19
Total liabilities .....	93	62
Net assets available for benefits .....	\$ 1,597,494	\$ 296,465

*See accompanying notes.*

## Aptiv Selected Employee Benefit Plans

### Statements of Net Assets Available for Benefits (In Thousands)

December 31, 2023

	<b>Salaried 401(k) Plan</b>	<b>Hourly 401(k) Plan</b>
<b>Assets</b>		
Investment in Master Trust <i>(Note 4)</i> .....	\$ 1,525,517	\$ 286,236
Other assets .....	638	396
Notes receivable from participants <i>(Note 2)</i> .....	10,807	5,236
Total assets .....	1,536,962	291,868
<b>Liabilities</b>		
Accrued liabilities .....	160	51
Excess participant contributions refundable <i>(Note 1)</i> .....	89	35
Total liabilities .....	249	86
Net assets available for benefits .....	\$ 1,536,713	\$ 291,782

*See accompanying notes.*

## Aptiv Selected Employee Benefit Plans

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

Year Ended December 31, 2024

	<b>Salaried 401(k) Plan</b>	<b>Hourly 401(k) Plan</b>
<b>Additions</b>		
Additions to net assets attributed to:		
Net investment gain from the Master Trust <i>(Note 4)</i> .....	\$ 201,179	\$ 29,359
Contributions and other:		
Participant.....	40,734	2,508
Employer.....	24,788	3,050
Interest on notes receivable.....	706	367
Total contributions and other.....	66,228	5,925
Total additions.....	267,407	35,284
<b>Deductions</b>		
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries.....	205,825	30,082
Administrative expenses and other.....	801	519
Total deductions.....	206,626	30,601
Net increase.....	60,781	4,683
Net assets available for benefits:		
Beginning of year.....	1,536,713	291,782
End of year.....	\$ 1,597,494	\$ 296,465

*See accompanying notes.*

# Aptiv Selected Employee Benefit Plans

## Notes to Financial Statements

December 31, 2024

### **1. Description of Plans**

The following descriptions of the Aptiv Salaried 401(k) Plan (the Salaried Plan) and the Aptiv Hourly 401(k) Plan (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.

In December 2024, Old Aptiv (as defined below), a public limited company formed under the laws of Jersey on May 19, 2011 as Delphi Automotive PLC, completed a reorganization transaction (the Transaction), in which Old Aptiv established a new publicly-listed Jersey parent company, Aptiv Holdings Limited (New Aptiv). Following consummation of the Transaction, holders of Old Aptiv shares became ordinary shareholders of New Aptiv, Old Aptiv became a wholly-owned subsidiary of New Aptiv and New Aptiv was renamed Aptiv PLC (Aptiv). The previous publicly-listed Jersey parent company is referred to as Old Aptiv.

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. The Plans assess a fee of \$9.25 per quarter per Participant, which is used for recordkeeping and 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.

## 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 (\$23,000 in 2024). 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 (\$7,500 in 2024). 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 a participant contributes to the Salaried Plan, capped at 7% of a participant's total compensation. Those participants who did not receive the maximum matching contribution amount for the aggregate annual percentage of the participant's contributions will receive a true-up matching contribution at the beginning of the following year. The participant may direct the investment of contributions into one or a number of options available under the Salaried Plan. Employer contributions vest 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 request for settlement or attainment of age 73 (when required minimum distributions must commence).

## Aptiv Selected Employee Benefit Plans

### Notes to Financial Statements (Continued)

#### **1. Description of Plans (Continued)**

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 \$7,000 (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. Each participant account is also charged a flat fee for administrative expenses. 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, 2024 and 2023, forfeited non-vested accounts totaled approximately \$285,000 and \$334,000, respectively. These accounts may be used to reduce future employer contributions or pay Salaried Plan expenses. In 2024, forfeited non-vested accounts reduced employer contributions by approximately \$460,000.

## 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. 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 Salaried Plan failed the elective deferral non-discrimination test for the year ended December 31, 2023. Excess contributions in 2023 of approximately \$89,000 are recorded as a liability on the accompanying statements of net assets available for benefits and as a reduction of participant-directed contributions. During 2024, the Salaried Plan refunded the respective excess contributions to its participants as required by law. The Salaried Plan passed the elective deferral non-discrimination test for the year ended December 31, 2024.

#### **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.

## Aptiv Selected Employee Benefit Plans

### Notes to Financial Statements (Continued)

#### **1. Description of Plans (Continued)**

##### *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 (\$23,000 in 2024). 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 (\$7,500 in 2024). 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 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.

## Aptiv Selected Employee Benefit Plans

### Notes to Financial Statements (Continued)

#### **1. Description of Plans (Continued)**

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 73 (when required minimum distributions must commence).

If the total of the participant's account at the time of termination is not greater than \$1,000, then the participant will receive a distribution of the entire account balance. If a participant terminates employment and the value of the participant's vested assets is more than \$1,000 (including amounts attributable to rollover contribution accounts) but less than \$7,000 (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 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.

## Aptiv Selected Employee Benefit Plans

### Notes to Financial Statements (Continued)

#### **1. Description of Plans (Continued)**

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. Each participant account is also charged a flat fee for administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### *Participant Loans*

Once each year, participants may borrow an amount within a range of \$1,000 to the lesser of \$50,000 or 50% of their vested account balance. Loan maturities generally range from 12 months to five years but can be extended to 10 years for the purchase or construction of a primary 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, 2024 and 2023, forfeited non-vested accounts totaled approximately \$144,000 and \$242,000, respectively. These accounts may be used to reduce future employer contributions. In 2024, forfeited non-vested accounts reduced employer contributions by approximately \$222,000.

## Aptiv Selected Employee Benefit Plans

### Notes to Financial Statements (Continued)

#### 1. Description of Plans (Continued)

##### *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. 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, 2024 and 2023. Excess contributions in 2024 and 2023 of approximately \$19,000 and \$35,000, 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 2025 and 2024, the Hourly Plan refunded the respective excess contributions to its participants as required by law.

##### *Securing a Strong Retirement Act (applicable to both the Salaried Plan and the Hourly Plan)*

On December 29, 2022, the Securing a Strong Retirement Act of 2022 (SECURE 2.0) was signed into law. SECURE 2.0 contains several provisions intended to strengthen the U.S. retirement system, including, but not limited to, changes to catch-up contributions, required minimum distributions (RMDs), matching contributions for student loan repayments and expanded coverage for part-time employees. Many of these provisions will impact the Plans in future years, several of which are summarized below.

The following provisions were effective on January 1, 2023:

- Plan sponsors are permitted to allow eligible participants to designate employer matching or nonelective contributions as Roth contributions;
- The age requirement to begin taking RMDs was increased to age 73 (further increases to age 75 effective January 1, 2033);
- The penalty for failure to take an RMD is reduced from 50% of the RMD not taken to 25%.

## Aptiv Selected Employee Benefit Plans

### Notes to Financial Statements (Continued)

#### **1. Description of Plans (Continued)**

The following provisions were effective on January 1, 2024:

- All catch-up contributions for eligible participants whose earnings exceed \$145,000 will be required to be made to a Roth account;
- Eligible participants may elect to treat qualified student loan repayments as employee elective deferrals for purposes of matching contributions in a retirement plan. Accordingly, employers will be permitted to make matching contributions to retirement plans based upon employees' student loan payments.

The following provision is effective on January 1, 2025:

- The catch-up contribution limit will increase to \$10,000 for eligible participants aged 60-63.

As it relates to SECURE 2.0, the Plans will execute formal amendments within the timeframe required by law.

#### **2. Summary of Accounting Policies**

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

##### **Basis of Accounting**

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

##### **Use of Estimates**

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

## Aptiv Selected Employee Benefit Plans

### Notes to Financial Statements (Continued)

#### **2. Summary of Accounting Policies (Continued)**

##### **Investment Valuation and Income Recognition**

The Plans' investments are stated at fair value. Refer to Note 4 for additional disclosures. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on the trade-date basis. Net appreciation (depreciation) 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 gain 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, 2024 or 2023. 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, both inside and outside the Master Trust, disclosed in the accompanying financial statements and supplemental schedules including investments held and notes receivable from participants at December 31, 2024 and 2023, 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, 2024, 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, 2024 and 2023 are the Salaried Plan and the Hourly Plan.

Investment income (loss), expenses and assets 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, 2024 and 2023, the net assets of the Plans' respective interests in the Master Trust are summarized as follows:

	<b>Net Assets as of December 31, 2024</b>		
	<b>Master Trust</b>	<b>Salaried Plan Interest in Master Trust</b>	<b>Hourly Plan Interest in Master Trust</b>
	<i>(In Thousands)</i>		
<b>Assets</b>			
Non-interest-bearing cash .....	\$ 75	\$ 75	\$ —
Common/collective trusts .....	1,512,412	1,264,411	248,001
Mutual funds .....	146,581	120,182	26,399
SDBA investments .....	218,581	201,595	16,986
Total investments at fair value .....	<u>1,877,649</u>	<u>1,586,263</u>	<u>291,386</u>
Interest and dividends receivable .....	5,273	4,532	741
Accrued expenses .....	(5,461)	(4,675)	(786)
Net assets .....	<u>\$ 1,877,461</u>	<u>\$ 1,586,120</u>	<u>\$ 291,341</u>

	<b>Net Assets as of December 31, 2023</b>		
	<b>Master Trust</b>	<b>Salaried Plan Interest in Master Trust</b>	<b>Hourly Plan Interest in Master Trust</b>
	<i>(In Thousands)</i>		
<b>Assets</b>			
Non-interest-bearing cash .....	\$ 247	\$ 245	\$ 2
Common/collective trusts .....	1,496,097	1,246,095	250,002
Mutual funds .....	126,089	103,092	22,997
SDBA investments .....	189,288	176,060	13,228
Total investments at fair value .....	<u>1,811,721</u>	<u>1,525,492</u>	<u>286,229</u>
Interest and dividends receivable .....	7,997	7,005	992
Accrued expenses .....	(7,965)	(6,980)	(985)
Net assets .....	<u>\$ 1,811,753</u>	<u>\$ 1,525,517</u>	<u>\$ 286,236</u>

## Aptiv Selected Employee Benefit Plans

### Notes to Financial Statements (Continued)

#### 4. The Master Trust (Continued)

The net income of the Master Trust is summarized as follows for the year ended December 31, 2024 (in thousands):

Interest and dividends .....	\$	13,409
Administrative expenses .....		(378)
Net appreciation in fair value of investments, net of fees .....		217,507
Net income .....	\$	<u>230,538</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, 2024 and 2023, the Master Trust held the following assets measured at fair value on a recurring basis:

	<b>Fair Value Measurements Using:</b>			
	<b>Total</b>	<b>Quoted Prices in Active Markets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
	<i>(In Thousands)</i>			
<b>December 31, 2024</b>				
Non-interest-bearing cash.....	\$ 75	\$ 75	\$ —	\$ —
Common/collective trusts.....	1,512,412	1,512,412	—	—
Mutual funds.....	146,581	146,581	—	—
SDBA investments.....	218,581	218,402	179	—
Total assets in fair value hierarchy..	<u>\$ 1,877,649</u>	<u>\$ 1,877,470</u>	<u>\$ 179</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>			
<b>December 31, 2023</b>				
Non-interest-bearing cash.....	\$ 247	\$ 247	\$ —	\$ —
Common/collective trusts.....	1,496,097	1,496,097	—	—
Mutual funds.....	126,089	126,089	—	—
SDBA investments.....	189,288	189,273	15	—
Total assets in fair value hierarchy..	\$ 1,811,721	\$ 1,811,706	\$ 15	\$ —

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, 2024 and 2023:

- Non-interest bearing cash is valued at cost.
- Common/collective trusts are valued at the closing price reported by the market in which they are traded.
- Mutual funds and common stock 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.

## Aptiv Selected Employee Benefit Plans

### Notes to Financial Statements (Continued)

#### **5. 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.

#### **6. 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.

#### **7. 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 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, 2024, 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.

## Aptiv Selected Employee Benefit Plans

### Notes to Financial Statements (Continued)

#### **8. 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.

#### **9. Subsequent Events**

Aptiv evaluated the effects of all events that occurred subsequent to December 31, 2024 through October 14, 2025, the date that the accompanying financial statements were available to be issued. In January 2025, Aptiv announced its intention to pursue a separation of its Electrical Distribution Systems ("EDS") business into a new, independent publicly traded company, through a transaction expected to be treated as a tax-free spin-off to its shareholders (the "Separation"). Aptiv plans to complete the Separation by March 31, 2026. In conjunction with the Separation, Aptiv intends to separate the Plans based on the employees that transfer to EDS or remain with Aptiv. There were no other significant changes or updates to disclose.

# Supplemental Schedules

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

December 31, 2024

Aptiv Salaried 401(k) Plan

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 2034	\$ <u>10,887</u>

Aptiv Hourly 401(k) Plan

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 2034	\$ <u>5,186</u>

\* Represents a party-in-interest.

**See**

**Audited Financial**

**Statements**

**For**

**Schedule of Assets Held**

**(Schedule H 4i)**