

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>AEP INDUSTRIES INC. 401(K) SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>11/01/1973</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			
<u>AEP INDUSTRIES INC.</u>			
<u>95 CHESTNUT RIDGE ROAD</u> <u>MONTVALE, NJ 07645</u>			
	2b Employer Identification Number (EIN)	<u>22-1916107</u>	
	2c Plan Sponsor's telephone number	<u>201-641-6600</u>	
	2d Business code (see instructions)	<u>326100</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	KAREN ALOIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 3032
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 2429
a(2) Total number of active participants at the end of the plan year	6a(2) 2508
b Retired or separated participants receiving benefits.....	6b 4
c Other retired or separated participants entitled to future benefits.....	6c 602
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3114
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 7
f Total. Add lines 6d and 6e	6f 3121
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 2461
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 87
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2O 2T 2E	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan AEP INDUSTRIES INC. 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AEP INDUSTRIES INC.	D Employer Identification Number (EIN) 22-1916107	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation FIDELITY INVESTMENTS INSTITUTIONAL 04-2647786

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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?
37 60 64 65 71	RECORDKEEPER	36338	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(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	ADVISOR	7739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ABF LG CAP VAL INV - BOSTON FINANC</p> <p>52-2269240</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ARTISAN MID CAP VAL - STATE STREET</p> <p>04-0025081</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>HARBOR INTL INST - HARBOR SERVICES</p> <p>34-1953399</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.10%</p>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINA	BFDS BUILDING, 30 DAN ROAD CANTON, MA 02021	0.25%
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RDGWTH SM CAP VAL I - BOSTON FINAN	P.O. BOX 8480 BOSTON, MA 02266	0.40%
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE BAL - T. ROWE PRICE SER		0.15%
52-2269240		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>TRP RETIREMENT 2005 - T. ROWE PRIC</p> <p>52-2269240</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.15%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>TRP RETIREMENT 2010 - T. ROWE PRIC</p> <p>52-2269240</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.15%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>TRP RETIREMENT 2015 - T. ROWE PRIC</p> <p>52-2269240</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.15%</p>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIREMENT 2020 - T. ROWE PRIC	0.15%
52-2269240	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIREMENT 2025 - T. ROWE PRIC	0.15%
52-2269240	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIREMENT 2030 - T. ROWE PRIC	0.15%
52-2269240	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIREMENT 2035 - T. ROWE PRIC 52-2269240		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
0.15%		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIREMENT 2040 - T. ROWE PRIC 52-2269240		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
0.15%		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIREMENT 2045 - T. ROWE PRIC 52-2269240		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
0.15%		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
TRP RETIREMENT 2050 - T. ROWE PRIC	0.15%	
52-2269240		
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
TRP RETIREMENT 2055 - T. ROWE PRIC	0.15%	
52-2269240		
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
VM MID-CP CORE GR Y - SUNGARD INVE	0.25%	
377 E. BUTTERFIELD RD SUITE 800 LOMBARD, IL 60148		

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>AEP INDUSTRIES INC. 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AEP INDUSTRIES INC.</u>	D Employer Identification Number (EIN) <u>22-1916107</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 1

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN <u>04-3022712-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8529430</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>AEP INDUSTRIES INC. 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AEP INDUSTRIES INC.</u>	D Employer Identification Number (EIN) <u>22-1916107</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	3181403	3302131
	(2) Participant contributions	1b(2)	159448	518197
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
	(2) U.S. Government securities.....	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans	1c(8)	4204128	4195070
	(9) Value of interest in common/collective trusts.....	1c(9)	8908160	8529430
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	86369304	84514356
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	9314160	10539497
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	112136603	111598681

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	112136603	111598681
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3268392	
(B) Participants	2a(1)(B)	4882960	
(C) Others (including rollovers)	2a(1)(C)	96314	
(2) Noncash contributions	2a(2)	0	8247666
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	178670	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		178670
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5337811	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5337811
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1522353	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1370123	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		152230
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	2595065	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2595065

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		32427
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-6148054
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		10395815

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10889626	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10889626
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	7739	
(4) Other	2i(4)	36372	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		44111
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10933737

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-537922
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: RUCCI, BARDARO & FALZONE PC

(2) EIN: 04-3141926

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X		
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>AEP INDUSTRIES INC. 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AEP INDUSTRIES INC.</u>	D Employer Identification Number (EIN) <u>22-1916107</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

Part III	Amendments
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

**AEP INDUSTRIES INC.
401(K) SAVINGS PLAN**

Schedule H, Line 4(i) – Schedule of Assets (held at End of Year) **
December 31, 2015

Employer Identification Number: 22-1916107 – Plan Number: 001

Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Number of Shares	Price per Share	Current Value
AEP Industries Inc. *	Common stock of AEP Industries Inc.	136,582	\$ 77.17	\$ 10,539,497
Fidelity Trust Companies *	Managed Income Portfolio Class 1	8,529,430	1.00	8,529,430
T. Rowe Price	T. Rowe Price Retirement Fund 2005	5,826	12.43	72,412
T. Rowe Price	T. Rowe Price Retirement Fund 2015	408,323	13.68	5,585,863
T. Rowe Price	T. Rowe Price Retirement Fund 2025	738,509	14.95	11,040,708
T. Rowe Price	T. Rowe Price Retirement Fund 2035	333,107	15.79	5,259,766
T. Rowe Price	T. Rowe Price Retirement Fund 2045	104,474	15.16	1,583,821
T. Rowe Price	T. Rowe Price Retirement Fund 2055	23,624	12.71	300,263
T. Rowe Price	T. Rowe Price Retirement Fund 2050	48,576	12.74	618,858
T. Rowe Price	T. Rowe Price Retirement Fund 2040	133,937	22.58	3,024,292
T. Rowe Price	T. Rowe Price Retirement Fund 2030	383,455	21.81	8,363,146
T. Rowe Price	T. Rowe Price Retirement Fund 2020	571,292	19.69	11,248,749
T. Rowe Price	T. Rowe Price Retirement Fund 2010	58,786	16.88	992,311
Harbor	Harbor International Fund International Class	56,549	59.43	3,360,682
Vanguard Group	Vanguard 500 Index	30,522	188.48	5,752,791
Vanguard Group	Vanguard Total Bond Market Index	82,449	10.64	877,262
Vanguard Group	Vanguard Total International Stock Index	43,834	24.24	1,062,529
PIMCO	PIMCO Total Return	330,529	10.07	3,328,430
Fidelity Trust Companies*	Fidelity Balanced	253,203	21.22	5,372,967
Fidelity Trust Companies*	Fidelity Contrafund	38,917	98.95	3,850,883
American Funds	American Beacon Large Cap Value Plan	345,347	22.94	7,922,265
Artisan	Artisan Mid Cap Value	59,546	18.75	1,116,492
Fidelity Trust Companies*	Spartan Extended Market	9,900	50.20	496,990
Victory Munder	Victory Munder Mid-Cap Core Growth Fund Class Y	15,705	36.92	579,837
RidgeWorth Funds	RidgeWorth Small Cap Value Equity Fund	258,417	10.46	2,703,039
Notes receivable from participants	Loan Fund 563 loans outstanding with various interest rates ranging from 4.25% to 9.25% maturing at various dates through 2020			4,195,070
				<u>\$ 107,778,353</u>

* Party in interest

** Cost has been omitted, as all investments are participant directed.

**AEP INDUSTRIES INC.
401(k) SAVINGS PLAN**

Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

(With Independent Auditors' Report Thereon)



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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
AEP Industries Inc. 401(k) Savings Plan
Montvale, New Jersey

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **AEP Industries Inc. 401(k) Savings Plan**, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

- CONTINUED -

INDEPENDENT AUDITORS' REPORT - CONTINUED

Other Matter

The supplemental schedule of Schedule H, Line 4i -- Schedule of Assets (Held at End of Year) as of and for the year ended December 31, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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



Rucci, Bardaro & Falzone, PC
Certified Public Accountants
Woburn, Massachusetts

October 14, 2016



AEP INDUSTRIES INC.
401(k) SAVINGS PLAN
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ASSETS:		
Investments at fair value:		
Stable value fund	\$ 8,529,430	\$ 8,908,160
Mutual funds.....	84,514,356	86,369,304
AEP Industries Inc. – common stock	10,539,497	9,314,160
Total investments at fair value	<u>103,583,283</u>	<u>104,591,624</u>
Receivables		
Notes receivable from participants	4,195,070	4,204,128
Participant contributions.....	518,197	159,448
Employer contributions	3,302,131	3,181,403
Loan interest	6,900	5,500
Total receivables	<u>8,022,298</u>	<u>7,550,479</u>
Net assets available for benefits before adjustment to contract value.....	111,605,581	112,142,103
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(57,854)	(130,206)
Net assets available for benefits.....	<u>\$111,547,727</u>	<u>\$112,011,897</u>



The accompanying notes are an integral part of the financials.

AEP INDUSTRIES INC.
401(k) SAVINGS PLAN
Statements of Changes in Net Assets Available for Benefits
Year Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Increase in net assets attributable to:		
Investment income:		
Net realized and unrealized (depreciation) appreciation in fair value of investments	\$ (3,400,759)	\$ 905,528
Interest and dividend income	5,442,589	4,711,457
Total investment income	<u>2,041,830</u>	<u>5,616,985</u>
Interest on notes receivable from participants	<u>180,071</u>	<u>168,996</u>
Contributions:		
Employer contributions	3,268,392	3,112,199
Participant contributions	4,882,960	4,288,396
Participant rollovers	<u>96,314</u>	<u>171,382</u>
Total contributions	<u>8,247,666</u>	<u>7,571,977</u>
Transfers from AEP Union 401(k) Savings Plan	-	939,529
Total increase	<u>10,469,567</u>	<u>14,297,487</u>
Decrease in net assets attributable to:		
Benefits paid to participants	10,889,626	6,156,954
Administrative expenses	<u>44,111</u>	<u>40,939</u>
Total decrease	<u>10,933,737</u>	<u>6,197,893</u>
Net (decrease) increase in net assets available for benefits	(464,170)	8,099,594
Net assets available for benefits:		
Beginning of year	<u>112,011,897</u>	<u>103,912,303</u>
End of year	<u>\$111,547,727</u>	<u>\$112,011,897</u>



The accompanying notes are an integral part of the financials.

AEP INDUSTRIES INC.
401(K) SAVINGS PLAN
Notes to Financial Statements
December 31, 2015 and 2014

(1) Description of the Plan

AEP Industries Inc. (“AEP” or the “Company”) sponsors a defined contribution plan in the United States, the AEP Industries Inc. 401(k) Savings Plan (the “Plan”).

Effective April 1, 2014, the Company authorized and approved the merger of AEP Union 401(k) Savings Plan (the “Union Plan”) into the Plan and the concurrent transfer of the Union Plan’s assets and liabilities. Assets transferred from the Union Plan into the Plan totaled \$939,529.

The following brief description of the Plan provides only general information. Participants should refer to the Plan agreement for a more detailed description of the Plan’s provisions.

(a) General

The Plan is a defined contribution plan available to all employees of AEP in the United States, except leased employees and those covered by a collective bargaining agreement at its California facility prior to June 1, 2013 and those employees covered under the AEP Union 401(k) Plan prior to March 31, 2014, as defined, who are scheduled to work thirty hours per week or more. Each eligible employee can enroll immediately upon hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

(b) Contributions

Under the provisions of the Plan, allowable contributions are as follows:

Employee Contributions

Participants may elect to defer from 1% to 95% of their compensation, as defined, in each plan year not to exceed the limitations imposed by the Internal Revenue Code (IRC). The limit was \$18,000 and \$17,500 for the years ended December 31, 2015 and 2014, respectively.

A catch-up contribution option is available, up to the Internal Revenue Service (IRS) limitation, to all eligible employees that are age 50 or older and have reached the contribution limit of \$18,000 and \$17,500 for the years ended December 31, 2015 and 2014, respectively. The limit was \$6,000 and \$5,500 for the years ended December 31, 2015 and 2014, respectively.

Employer Matching Contributions

The Company’s matching contribution equals 100% of the participant’s first 3% of salary deferred contributions, as defined, for the plan year and 50% of the following 2% of the participant’s salary deferred contributions. The Alabama Union employees are not eligible for the employer matching contribution.

Prior to the 2006 plan year, the Company’s matching contribution to each participant’s account was made in the form of AEP common stock. Commencing with the Company’s matching contribution in 2007 related to the 2006 plan year, contributions to each participant’s account were made in cash instead of the Company’s common stock.



AEP INDUSTRIES INC.
401(K) SAVINGS PLAN
Notes to Financial Statements
December 31, 2015 and 2014

(1) Description of the Plan - Continued

(b) Contributions - Continued

Employer Fixed and Discretionary Contributions

In addition to the employer matching contribution, the Company provides a fixed contribution equal to 1% of the employees' annual compensation, as defined. This contribution will be made if employees have completed 12 consecutive months and 1,000 hours of service and are employed at the end of the plan year, or have retired, died or become disabled during the plan year. The employer fixed contribution will be made to participant accounts regardless of whether employees deferred any salary savings contributions to the Plan for that year.

The Company, at its sole discretion, may make an additional employer contribution, regardless of whether employees deferred any salary savings contributions to the Plan for that plan year. Any employer discretionary contributions will be made to eligible employees in cash, in an amount proportional to the amount which the employee compensation for the plan year bears to the total compensation of all participants sharing in contributions for the plan year.

(c) Vesting

Participants are always 100% vested in both employee and employer matching contributions and rollover funds. Participants vest in the Company's fixed and discretionary contribution 25% each year following one year of service.

(d) Withdrawals

Prior to termination of employment, a participant, upon reaching the age of 59½ may withdraw all or any portion of his or her elective deferral contribution subject to IRS regulations. Hardship withdrawals are permitted for specified reasons authorized by IRS regulations.

(e) Retirement

A participant's normal retirement date occurs upon the attainment of age 65.

(f) Investments

Participants are required to designate the fund(s) into which their contributions are to be invested. Contributions may be allocated to any combination of funds. Participants may not direct their contributions to the Company's common stock.

(g) Notes receivable from participants

Notes receivable from participants may not exceed the lesser of \$50,000 (subject to limitations) or 50% of the participant's account balance and are secured by the participant's account balance. Only one note per participant can be outstanding at any given time, except for any Alabama Union employee who on April 1, 2014 (date of Union Plan merger) had more than one outstanding loan. All loans outstanding on April 1, 2014 were transferred to the merged, regardless of the number of loans outstanding per individual.



AEP INDUSTRIES INC.
401(K) SAVINGS PLAN
Notes to Financial Statements
December 31, 2015 and 2014

(1) Description of the Plan - Continued

(g) Notes receivable from participants - Continued

Notes receivable from participants can be repaid over a period ranging from 1 to 5 years, except for notes for the purchase of a primary residence, which can be repaid over a period not to exceed 10 years.

The interest rate on the notes is fixed at the prevailing prime rate at origination of the note plus 1% (ranging from 4.25% to 9.25% over the term of the existing notes at December 31, 2015). Earnings from these notes are credited directly to the individual participant's account.

(h) Forfeitures

As of December 31, 2015 and 2014, forfeited nonvested accounts totaled \$30,629 and \$32,867, respectively. The accounts are applied to reduce future employer contributions or for the payment of administrative expenses each year. In 2015 and 2014, cash contributed for employer contributions was reduced by \$34,575 and \$69,265, respectively. No forfeiture amounts were used to reduce administrative expenses paid in 2015 and 2014.

(i) Payment of Benefits

Benefits are payable upon retirement, disability, death or termination of employment. Benefits are payable in a lump sum or for distribution of an ESOP account, a participant may elect a lump sum, installment or shares of stock.

(j) Plan Termination

Although the Company has not expressed any intention to do so, the Company has the right to discontinue its contributions to the Plan and to terminate the Plan. In the event of termination, each participant becomes fully vested and is entitled to the value of their account balance, which will be distributed in accordance with the provisions of the Plan.

(2) Summary of Significant Accounting Policies

Following is a summary of the significant accounting policies of the Plan:

(a) Basis of Reporting

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

The Company has evaluated subsequent events from the balance sheet date through October 14, 2016, the date at which the financial statements were available to be issued.

(b) Investment Valuation and Income Recognition

The Plan's investments are recorded at fair value (See note 6). Investment transactions are recorded on a trade-date basis. Net realized gains (losses) from the sale of investments are determined for accounting purposes using the moving average method. Dividend income is recorded on the ex-dividend date. Interest income is recognized as earned.



AEP INDUSTRIES INC.
401(K) SAVINGS PLAN
Notes to Financial Statements
December 31, 2015 and 2014

(2) Summary of Significant Accounting Policies - Continued

(b) Investment Valuation and Income Recognition - Continued

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

(c) Administration of the Plan

Fidelity Management Trust Company (Fidelity) is the Trustee, record-keeper, and custodian of the Plan. The trust agreement provides Fidelity with exclusive authority and discretion to manage, acquire, and dispose of the assets in the Plan, as defined in the trust agreement. The Plan administrator is AEP.

The Plan paid fees and expenses to Fidelity, which totaled \$44,111 and \$40,939 for administration and management of the Plan for 2015 and 2014, respectively. The Company paid other administrative fees which totaled \$27,490 and \$50,250 for 2015 and 2014, respectively, which are not reflected in the Plan's financial statements.

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that could affect the reported amounts of net assets and contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in the net assets available for benefits during the reporting period. Actual results could differ from those estimates.

(f) Risks and Uncertainties

The Plan provides for various investment options in any combination of stock funds, bond funds, fixed income securities, and other investment securities. The Plan also contains investments in AEP common stock. These investments are exposed to various risk conditions of the individual fund objectives, stock and bond market fluctuations, interest rate changes, economic conditions and world affairs and risks specific to AEP's business and operations. Due to the level of risk associated with certain investment securities and AEP common stock and the level of uncertainty related to changes in the value of investment securities and AEP common stock, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.



AEP INDUSTRIES INC.
401(K) SAVINGS PLAN
Notes to Financial Statements
December 31, 2015 and 2014

(3) Party-In-Interest

Plan investments are managed by Fidelity as Trustee and certain investment choices are funds offered by affiliates of Fidelity. The plan sponsor and plan administrator is AEP. Certain administrative functions are performed by officers and employees of the Company. No such officer or employee receives compensation from the Plan. Audit fees for the required audit of the Plan's financial statements are paid directly by the Company.

(4) Tax Status

The Plan obtained its latest determination letter dated November 22, 2013 in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). In the opinion of the plan administrator, the Plan is being operated in compliance with the plan document, as amended, and the applicable requirements of the IRC, and therefore, no provision for income taxes is required.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to December 31, 2011.

(5) Information Certified by the Trustee

Under the Department of Labor's Rules and Regulations 29 CFR 2520.103-8, information prepared and certified to by an entity which is regulated, supervised, and subject to periodic examination by a state or federal agency need not be audited. The plan administrator has received certification from Fidelity of the Plan's investment portfolio as of December 31, 2015 and 2014, and for the years ended December 31, 2015 and 2014.

Fidelity has provided a certification that the following information which is contained in or used to develop the accompanying financial statements as of and for the years ended December 31, 2015 and 2014 is complete and accurate:

- Investments, including net appreciation in the fair value of investments
- Investment income excluding interest income from participant loans
- Schedule of assets (held at year end).

The Plan's financial statements have been prepared based on this certified information.



AEP INDUSTRIES INC.
401(K) SAVINGS PLAN
Notes to Financial Statements
December 31, 2015 and 2014

(5) Information Certified by the Trustee - Continued

The following table represents individual investments which exceed 5% of the Plan's net assets at December 31, 2015 and 2014:

		2015	2014
AEP Industries Inc. common stock	\$	10,539,497	\$ 9,314,160
American Beacon Large Cap Value		7,922,265	9,512,386
Fidelity Managed Income Portfolio Class 1		8,529,430	8,908,160
Vanguard 500 Index Fund		5,752,791	5,082,622
Fidelity Balanced		5,372,967	6,257,963
T. Rowe Price Retirement Funds		48,090,189	47,263,453

During 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

		2015	2014
AEP Industries Inc. common stock	\$	2,747,295	\$ 644,245
Mutual funds		(6,148,054)	261,283
	\$	(3,400,759)	\$ 905,528

The Fidelity Managed Income Portfolio (the Fund) consists of fully benefit-responsive investment contracts. The Plan's interest in this investment is calculated by applying the Plan's ownership percentage in the Fund to the total fair value of the entire fund. Average annual yields relating to the Fund are presented below:

	2015	2014
Based on annualized earnings of the Fund	1.93%	1.67%
Based on annualized earnings credited to the Fund participants	1.17%	1.07%

Crediting interest rates on the Fund are typically determined quarterly and are based on a formula used by the Fund, including the market value of the underlying assets, the current economic and market conditions and the general interest rate environment. There is no correlation between future crediting rates and the adjustment from the contract value to the fair value as reported on the statement of net assets available for benefits. Certain events could limit the ability of the Plan to transact at the contract value with the issuers of the contracts held by the Fund. Specifically, any event outside the normal operation of the trust that causes a withdrawal from an investment contract may result in a negative market value adjustment with respect to such withdrawal.



AEP INDUSTRIES INC.
401(K) SAVINGS PLAN
Notes to Financial Statements
December 31, 2015 and 2014

(5) Information Certified by the Trustee - Continued

Such events could include, but are not limited to, the following: partial or complete legal termination of the trust or a unit holder, tax disqualification of the trust or a unit holder, and certain trust amendments if issuers' consent is not obtained, premature termination of contracts by the Fund, Plan termination, bankruptcy, significant credit event, partial plan termination or plan mergers, early retirement incentives that could cause significant withdrawals from the Plan and failure of the Plan to qualify under the applicable sections of the IRC. AEP does not believe that the occurrence of these events, which could limit the Plan's ability to transact at contract value with participants, is probable.

(6) Fair Value Measurements

Financial Accounting Standards Board "Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value and expanding disclosures about fair value measurements. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals. Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability. In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation.

The following is a description of the valuation methodologies used for investments measured at fair value, including the general classification of such investments in the fair value hierarchy.

AEP Industries, Inc. common stock - Valued at closing price reported on the NASDAQ.

Mutual funds – Valued at the net asset value (NAV) of shares held by the Plan at period-end. The NAV is a quoted price in an active market and is classified within Level 1 of the fair value hierarchy.

Stable value funds– Valued based on the contract terms of the underlying guaranteed investment contract. The commingled trust fund is priced daily using a mil rate. The mil rate is a blend of the contracts' rate of return and the liquidity component's daily mil rate. The NAV is classified within Level 2 of the fair value hierarchy as the unit price is not quoted in an active market. However, the unit price is based on underlying investments, which are either traded on an active market or are valued based on observable inputs such as market interest rates and quoted prices for similar securities.



AEP INDUSTRIES INC.
401(K) SAVINGS PLAN
Notes to Financial Statements
December 31, 2015 and 2014

(6) Fair Value Measurements - Continued

Below are the Plan's investments carried at fair value on a recurring basis by the fair value hierarchy levels described above as of December 31, 2015 and 2014.

	December 31, 2015			Total
	Level 1	Level 2	Level 3	
AEP Industries Inc. - common stock	\$ 10,539,497	\$ -	\$ -	\$ 10,539,497
Mutual Funds				
Bond Funds	4,205,692			4,205,692
International equity funds	4,423,211			4,423,211
Large U.S. equity funds	22,898,906			22,898,906
Small/mid U.S. equity funds	4,896,358			4,896,358
Target date funds	48,090,189			48,090,189
	<u>84,514,356</u>			<u>84,514,356</u>
Stable value funds	-	8,529,430	-	8,529,430
Total assets at fair value	<u>95,053,853</u>	<u>8,529,430</u>	<u>-</u>	<u>103,583,283</u>
	December 31, 2014			Total
	Level 1	Level 2	Level 3	
AEP Industries Inc. - common stock	\$ 9,314,160	\$ -	\$ -	\$ 9,314,160
Mutual Funds				
Bond Funds	3,972,371			3,972,371
International equity funds	4,838,960			4,838,960
Large U.S. equity funds	24,463,256			24,463,256
Small/mid U.S. equity funds	5,831,263			5,831,263
Target date funds	47,263,454			47,263,454
	<u>86,369,304</u>			<u>86,369,304</u>
Stable value funds	-	8,908,160	-	8,908,160
Total assets at fair value	<u>95,683,464</u>	<u>8,908,160</u>	<u>-</u>	<u>104,591,624</u>



AEP INDUSTRIES INC.
401(K) SAVINGS PLAN
Notes to Financial Statements
December 31, 2015 and 2014

(6) Fair Value Measurements - Continued

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2015 and 2014, respectively.

December 31, 2015	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable Value Fund	\$8,529,430	N/A	Daily	30 days

December 31, 2014	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable Value Fund	\$8,908,160	N/A	Daily	30 days

(7) Reconciliation of Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

		2015	2014
Net assets available for benefits per the financial statements		\$111,547,727	\$112,011,897
Adjustment from fair value to contracts value for full benefit-responsive investment contracts		57,854	130,206
Accrued interest on outstanding notes receivable from participants		(6,900)	(5,500)
Net assets available for benefits per Form 5500	\$	<u>111,598,681</u>	<u>\$ 112,136,603</u>



AEP INDUSTRIES INC.
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(7) Reconciliation of Financial Statements to the Form 5500 - Continued

The following is a reconciliation of net increase (decrease) in net assets available for benefits per the financial statements to the Form 5500:

[illegible]

(8) Subsequent Event

On August 24, 2016, the Company entered into an Agreement and Plan of Merger (the “Merger Agreement”) with Berry Plastics Group, Inc., a Delaware corporation (“Parent”), Berry Plastics Corporation, a Delaware corporation and a direct, wholly owned subsidiary of Parent (“Holdings”), Berry Plastics Acquisition Corporation XVI, a Delaware corporation and a direct, wholly owned subsidiary of Holdings (“Merger Sub”), and Berry Plastics Acquisition Corporation XV, LLC, a Delaware limited liability company and a direct wholly owned subsidiary of Holdings (“Merger Sub LLC”), providing for (i) the merger of Merger Sub with and into the Company (the “First-Step Merger”), with the Company surviving the First-Step Merger, and, (ii) thereafter, the merger of the Company with and into Merger Sub LLC (the “Second-Step Merger” and, together with the First-Step Merger, the “Integrated Mergers”), with Merger Sub LLC surviving as a wholly owned subsidiary of Holdings. In the Integrated Mergers, each share of common stock of the Company will be converted into the right to receive, at the stockholder’s election, \$110 in cash (the “Cash Consideration”) or 2.5011 shares (the “Exchange Ratio”) of Parent common stock (the “Stock Consideration” and, together with the Cash Consideration, the “Merger Consideration”), subject to the terms and conditions set forth in the Merger Agreement. The Merger Consideration in the Integrated Mergers will be prorated as necessary to ensure that 50% of the total outstanding shares of the Company entitled to receive Merger Consideration will be exchanged for cash and 50% of such shares will be exchanged for Parent common stock. Upon completion of the Integrated Merger, the Company’s stockholders are expected to hold approximately 5% of the shares of common stock of Parent on a fully diluted basis. The transaction value is likely to change until closing due to fluctuations in the price of Parent common stock and is also subject to anti-dilution protection in limited circumstances as provided in the Merger Agreement.

The transaction is subject to approval by the Company's stockholders, regulatory approvals and other customary closing conditions. Many of these conditions are outside the Company's control, and it cannot provide any assurance as to whether or when the Integrated Mergers will be consummated or whether the Company's stockholders will realize the anticipated benefits of completing the Integrated Mergers.



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(8) Subsequent Event - Continued

Also, if the Integrated Mergers do not receive timely regulatory approval or if an event occurs that delays or prevents the Integrated Mergers, such delay or failure to complete the Integrated Mergers may cause uncertainty and other negative consequences that may materially and adversely affect the Company's business, financial position and results of operation.

Management has evaluated subsequent events through October 14, 2016, the date the financial statements were available to be issued. With the exception of the above noted item, there are no recognized or non-recognized subsequent events that existed at the balance sheet date which are necessary to disclose to keep the financial statements from being misleading.



SUPPLEMENTAL SCHEDULE

AEP INDUSTRIES INC.
401(K) SAVINGS PLAN
Schedule H, Line 4(i) – Schedule of Assets (held at End of Year) **
December 31, 2015

Employer Identification Number: 22-1916107 – Plan Number: 001

	Description of investment including			
Identity of issuer, borrower,	maturity date, interest rate,	Number of	Price per	Current
lessor, or similar party	collateral, par or maturity value	Shares	Share	Value
AEP Industries Inc. *	Common stock of AEP Industries Inc.	136,582	\$ 77.17	\$ 10,539,497
Fidelity Trust Companies *	Managed Income Portfolio Class 1	8,529,430	1.00	8,529,430
T. Rowe Price	T. Rowe Price Retirement Fund 2005	5,826	12.43	72,412
T. Rowe Price	T. Rowe Price Retirement Fund 2015	408,323	13.68	5,585,863
T. Rowe Price	T. Rowe Price Retirement Fund 2025	738,509	14.95	11,040,708
T. Rowe Price	T. Rowe Price Retirement Fund 2035	333,107	15.79	5,259,766
T. Rowe Price	T. Rowe Price Retirement Fund 2045	104,474	15.16	1,583,821
T. Rowe Price	T. Rowe Price Retirement Fund 2055	23,624	12.71	300,263
T. Rowe Price	T. Rowe Price Retirement Fund 2050	48,576	12.74	618,858
T. Rowe Price	T. Rowe Price Retirement Fund 2040	133,937	22.58	3,024,292
T. Rowe Price	T. Rowe Price Retirement Fund 2030	383,455	21.81	8,363,146
T. Rowe Price	T. Rowe Price Retirement Fund 2020	571,292	19.69	11,248,749
T. Rowe Price	T. Rowe Price Retirement Fund 2010	58,786	16.88	992,311
Harbor	Harbor International Fund International Class	56,549	59.43	3,360,682
Vanguard Group	Vanguard 500 Index	30,522	188.48	5,752,791
Vanguard Group	Vanguard Total Bond Market Index	82,449	10.64	877,262
Vanguard Group	Vanguard Total International Stock Index	43,834	24.24	1,062,529
PIMCO	PIMCO Total Return	330,529	10.07	3,328,430
Fidelity Trust Companies*	Fidelity Balanced	253,203	21.22	5,372,967
Fidelity Trust Companies*	Fidelity Contrafund	38,917	98.95	3,850,883
American Funds	American Beacon Large Cap Value Plan	345,347	22.94	7,922,265
Artisan	Artisan Mid Cap Value	59,546	18.75	1,116,492
Fidelity Trust Companies*	Spartan Extended Market	9,900	50.20	496,990
Victory Munder	Victory Munder Mid-Cap Core Growth Fund Class Y	15,705	36.92	579,837
RidgeWorth Funds	RidgeWorth Small Cap Value Equity Fund	258,417	10.46	2,703,039
Notes receivable from participants	Loan Fund 563 loans outstanding			
	with various interest rates ranging from			
	4.25% to 9.25% maturing at various dates through 2020			4,195,070
				<u>\$ 107,778,353</u>
* Party in interest				
** Cost has been omitted, as all investments are participant directed.				