

<p style="text-align: center;">Form 5500</p> <p style="text-align: center;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: 24pt;">2014</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information
<p>1a Name of plan <u>SPARTANNASH COMPANY PENSION PLAN</u></p> <hr/> <p>2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SPARTANNASH COMPANY</u></p> <p><u>P.O. BOX 8700</u> <u>GRAND RAPIDS, MI 49518</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p> <hr/> <p>1c Effective date of plan <u>03/01/1954</u></p> <hr/> <p>2b Employer Identification Number (EIN) <u>38-0593940</u></p> <hr/> <p>2c Plan Sponsor's telephone number <u>616-878-2000</u></p> <hr/> <p>2d Business code (see instructions) <u>424400</u></p>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2015</u>	<u>JERRY JONES</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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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
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5 Total number of participants at the beginning of the plan year	5	3681
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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)	3084
a(2) Total number of active participants at the end of the plan year	6a(2)	2709
b Retired or separated participants receiving benefits	6b	184
c Other retired or separated participants entitled to future benefits.....	6c	251
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	3144
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	45
f Total. Add lines 6d and 6e	6f	3189
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	12

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1C

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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<p>b General Schedules</p> (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2014</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<p>A Name of plan <u>SPARTANNASH COMPANY PENSION PLAN</u></p>	<p>B Three-digit plan number (PN) ▶</p>	<p><u>001</u></p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>SPARTANNASH COMPANY</u></p>	<p>D Employer Identification Number (EIN) <u>38-0593940</u></p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>01-0233346</u>	<u>65838</u>	<u>GAC 1013</u>	<u>42</u>	<u>01/01/2014</u>	<u>12/31/2014</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year.....	7b	3776389
c Additions: (1) Contributions deposited during the year.....	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	172991
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below) ▶ TRANSFER IN & MISC	7c(5)	13964316
(6) Total additions.....	7c(6)	14137307
d Total of balance and additions (add lines 7b and 7c(6)).....	7d	17913696
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year.....	7e(1)	309942
(2) Administration charge made by carrier.....	7e(2)	22999
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below) ▶	7e(4)	
(5) Total deductions.....	7e(5)	332941
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	17580755

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received.....	9a(1)		
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b	Benefit charges (1) Claims paid.....	9b(1)		
	(2) Increase (decrease) in claim reserves.....	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees.....	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses.....	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies.....	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention.....		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves.....		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SPARTANNASH COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SPARTANNASH COMPANY</u>	D Employer Identification Number (EIN) <u>38-0593940</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>		
2	Assets:		
	a Market value	2a	<u>67477173</u>
	b Actuarial value	2b	<u>62298321</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>216</u>	<u>11844312</u>
	b For terminated vested participants.....	<u>381</u>	<u>8274332</u>
	c For active participants.....	<u>3084</u>	<u>32191856</u>
	d Total.....	<u>3681</u>	<u>52310500</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	<u>6.24%</u>
6	Target normal cost	6	<u>322493</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/13/2015</u>
	Signature of actuary	Date
	<u>RON J. SOLUM</u>	<u>14-06762</u>
	Type or print name of actuary	Most recent enrollment number
	<u>HEWITT ASSOCIATES LLC</u>	<u>847-295-5000</u>
	Firm name	Telephone number (including area code)
	<u>4 OVERLOOK POINT LINCOLNSHIRE, IL 60069</u>	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4221529
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	4221529
10	Interest on line 9 using prior year's actual return of <u>10.22</u> %	0	431326
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.09</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4652855

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.16 %
15	Adjusted funding target attainment percentage	15	119.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.42 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	0
	b Contributions made to avoid restrictions adjusted to valuation date	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	322493	
b Excess assets, if applicable, but not greater than line 31a	31b	322493	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<p style="text-align: center;">SCHEDULE C (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Service Provider Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2014</p> <hr/> <p>This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<p>A Name of plan <u>SPARTANNASH COMPANY PENSION PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>001</u></p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>SPARTANNASH COMPANY</u></p>	<p>D Employer Identification Number (EIN) <u>38-0593940</u></p>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

HEWITT & ASSOC.

36-2235791

(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?
11 27 50 51	ACTUARY/INVESTMENT MGR.	326421	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN HANCOCK

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 65	CONTRACT ADMINISTRATOR	22999	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO BANK NA

41-6257133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 65	CONTRACT ADMINISTRATOR	26481	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

REHMANN ACCOUNTING, LLC

38-3635706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	12300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLER JOHNSON SNELL & CO.

38-1603110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL SERVICES	3181	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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 H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan SPARTANNASH COMPANY PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SPARTANNASH COMPANY		D Employer Identification Number (EIN) 38-0593940	

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	500000	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	0	250000
(2) Participant contributions.....		
(3) Other.....	3	9
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	439302	375152
(2) U.S. Government securities		
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other		
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common.....		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property).....		
(7) Loans (other than to participants)		
(8) Participant loans.....		
(9) Value of interest in common/collective trusts		
(10) Value of interest in pooled separate accounts	0	55499176
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities.....		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	62605136	20094348
(14) Value of funds held in insurance company general account (unallocated contracts).....	3932732	17749340
(15) Other.....		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	67477173	93968025

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
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	67477173	93968025
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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)	250000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		250000
(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)	184	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2602240
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		275204
c Other income.....	2c		12242
d Total income. Add all income amounts in column (b) and enter total.....	2d		3139870

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10188681	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10188681
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	156734	
(2) Contract administrator fees.....	2i(2)	49480	
(3) Investment advisory and management fees.....	2i(3)	185169	
(4) Other.....	2i(4)	126357	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		517740
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10706421

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-7566551
l Transfers of assets:			
(1) To this plan.....	2l(1)		34057403
(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: REHMANN ROBSON LLC

(2) EIN: 38-3635706

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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		600000
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.			

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 (optional)

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

SCHEDULE R (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>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>SPARTANNASH COMPANY PENSION 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>SPARTANNASH COMPANY</u>	D Employer Identification Number (EIN) <u>38-0593940</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): 41-6257133

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	<u>481</u>
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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

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

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

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

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

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

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: 100.0%
- 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):

SpartanNash
Company
Pension Plan



Year Ended
December 31, 2014
and
Nine Month Period
Ended
December 31, 2013

Financial
Statements
and
Supplementary
Information

SpartanNash Company Pension Plan

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INDEPENDENT AUDITORS' REPORT

October 13, 2015

To the Administrator of
SpartanNash Company Pension Plan
850 76th Street, SW
Grand Rapids, Michigan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of *SpartanNash Company Pension Plan* which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for year then ended, and the statement of accumulated plan benefits as of December 31, 2013, and the related statement of changes in accumulated plan benefits for the nine month period then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Independent Auditors' Responsibility

Our responsibility is to express an opinion on these 2014 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 on the 2014 financial statements.

Basis for Disclaimer of Opinion on the 2014 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 certified by Wells Fargo Bank, N.A., the custodian of the Plan, referred to in Note 2, except for comparing such information with the related information included in the 2014 financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executed certain investment transactions. The Plan Administrator has obtained a certification from the custodian as of and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion on the 2014 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph on the 2014 financial statements, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2014 financial statements. Accordingly, we do not express an opinion on the 2014 financial statements.

Report on 2013 Financial Statements

We have audited the accompanying 2013 financial statements of SpartanNash Company Pension Plan, which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets for the nine month period then ended and the statement of accumulated plan benefits as of March 31, 2013, and the related statement of changes in accumulated plan benefits for the nine month period then ended and in our report dated October 10, 2014, we expressed our opinion that except for the effects of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note 2, the financial statements present fairly, in all material respects, information regarding the net assets available for benefits of the Plan as of December 31, 2013, and the changes in net assets available for benefits for the nine month period then ended and the statement of accumulated plan benefits as of March 31, 2013, and the related statement of changes in accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Supplemental Schedules

The supplemental schedules of assets (held at end of year) and of reportable transactions as of and for the year ended December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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

The form and content of the information included in the 2014 financial statements and supplemental schedules, other than that derived from the information certified by the custodians, 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.

A handwritten signature in black ink that reads "Lehmann Lohman LLC". The signature is written in a cursive, flowing style.

SpartanNash Company Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2014	2013
ASSETS		
Investments, at fair value		
Money market funds	\$ 375,152	\$ 439,302
Unallocated insurance contracts	17,749,340	3,932,732
Pooled separate accounts	55,499,176	-
Mutual funds	20,094,348	62,605,136
	93,718,016	66,977,170
Total investments at fair value		
Receivables		
Employer's contribution receivable	250,000	-
Accrued interest and dividends	9	3
	250,009	3
Total receivables		
Noninterest bearing cash	-	500,000
	-	500,000
Total assets (equal to net assets available for benefits)	\$93,968,025	\$67,477,173

The accompanying notes are an integral part of these financial statements.

SpartanNash Company Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2014	Nine Month Period Ended December 31, 2013
Additions to net assets attributed to		
Interest and dividends	\$ 241,500	\$ 1,052,325
Employer contributions	250,000	-
Total additions	<u>491,500</u>	<u>1,052,325</u>
Deductions from net assets attributed to		
Benefits paid to participants	10,188,681	3,630,966
Administrative expenses	517,740	355,609
Total deductions	<u>10,706,421</u>	<u>3,986,575</u>
Net appreciation in fair value of mutual funds	33,888	5,657,005
Net appreciation in pooled separate accounts	2,602,240	-
Net appreciation (depreciation) in fair value of unallocated insurance contracts	12,242	(170,207)
Net (decrease) increase before Plan transfers	<u>(7,566,551)</u>	<u>2,552,548</u>
Transfers from Retirement Plan for Employees of Super Food Services, Inc.	34,057,403	-
Net increase	<u>26,490,852</u>	<u>2,552,548</u>
Net assets available for benefits		
Beginning of period	67,477,173	64,924,625
End of period	<u><u>\$93,968,025</u></u>	<u><u>\$67,477,173</u></u>

The accompanying notes are an integral part of these financial statements.

SpartanNash Company Pension Plan

STATEMENTS OF ACCUMULATED PLAN BENEFITS

	December 31, 2013	March 31, 2013
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 12,038,681	\$ 11,783,157
Other participants	41,336,093	40,977,765
Total vested benefits	53,374,774	52,760,922
Nonvested benefits	15,354	20,703
Total actuarial present value of accumulated plan benefits	<u>\$53,390,128</u>	<u>\$52,781,625</u>

The accompanying notes are an integral part of these financial statements.

SpartanNash Company Pension Plan

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

	Nine Month Period Ended December 31, 2013	Year Ended March 31, 2013
Decrease (increase) during the year attributable to		
Benefits accumulated	\$ (951,369)	\$ (313,490)
Interest	2,484,805	3,689,908
Benefits paid	(3,630,966)	(3,899,596)
Change in assumptions	2,706,033	2,191,477
	<hr/>	<hr/>
Net increase	608,503	1,668,299
Actuarial present value of accumulated plan benefits		
Beginning of year	52,781,625	51,113,326
	<hr/>	<hr/>
End of year	<u>\$53,390,128</u>	<u>\$52,781,625</u>

The accompanying notes are an integral part of these financial statements.

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following description of the *SpartanNash Company Pension Plan* (the “Plan”) is provided for general information purposes only. Additional information about the Plan agreement, vesting and benefit provisions, and the Pension Benefit Guarantee Corporation’s (“PBGC”) benefit guarantee is contained in the pamphlet *Employee Retirement Plan - Summary Plan Description*. Copies of this pamphlet are available from the Plan Administrator.

The Retirement Plan for Employees of Super Food Services, Inc. was merged into the SpartanNash Company Cash Balance Pension Plan at the close of business on December 31, 2014. These financial statements do not include any activity of the Retirement Plan for Employees of Super Food Services, Inc. for 2014. The Retirement Plan for Employees of Super Food Services, Inc. was frozen for employees who were participants on December 31, 1997. Effective January 1, 2015, the name of the Plan was changed to the “SpartanNash Company Pension Plan.”

Subsequent to the issuance of the March 31, 2013 financial statements, the Plan’s Retirement Committee approved changing the year end to December 31 to better align with the Plan Sponsor’s change in year end from a fiscal year end to a calendar year end.

Description of the Plan

General

The Plan was established in March 1954 and has periodically been amended. Effective April 1, 1998, the Plan was amended to become a cash balance pension plan. Effective April 1, 2004, the Plan was amended to include Spartan Stores, Inc. retail associates. Effective with the acquisition of VG’s Food Centers on December 29, 2008, associates working for the VG’s Food Center operation were ineligible to participate in the Plan. Effective December 31, 2010, the Plan was frozen and associates who were not a participant on December 31, 2010, shall not become a participant in the Plan.

The Plan was amended August 7, 2014 to add the 2014 Lump Sum Window Program effective September 2, 2014 through October 31, 2014. The amendment allowed for certain participants whose severance from employment was before April 1, 1998 who made timely elections to be entitled to a lump sum distribution or other forms of distribution in accordance with the terms of the Plan.

The Plan, as amended, is a defined benefit, non-contributory plan, covering qualifying employees of Spartan Stores, Inc. and participating subsidiaries (the “Company” or “Sponsor”). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

Prior to December 31, 2010, under the provisions of the Plan, participants' account balances were credited with basic, transition and interest credits. Subsequent to December 31, 2010, participants' account balances will only be credited with interest credits. The basic credit was added annually, beginning with the date of participation, in an amount equal to a percentage of the participant's eligible compensation. Except as described in the succeeding paragraph, the percentage was based upon the participant's years of benefit service at the beginning of the calendar year as follows:

Years of Basic Credit Service as of January 1	Percentage of Participant's Compensation
0-5	2.5 %
6-15	3.0
16-25	4.0
26 or more	5.0

Transition credits were contributed to cash balance accounts from 1998 through 2007 calendar years, with the exception of 2004, during which transition and basic credits were suspended. Associates with ten or more years of benefit service as of December 31, 1997, were eligible to receive transition credits for all ten years unless employment with the Company was terminated before 2007. Associates with less than ten years of benefit service as of December 31, 1997, were eligible to receive transition credits for the number of years equal to the years of benefit service as of December 31, 1997 (not including any fractional years) unless employment with the Company was terminated before eligibility for transition credits ended. The transition credit was equal to a percentage of the participant's compensation based upon the participant's age on the first day of the calendar year ending within the Plan year, as follows:

Participant's Age as of January 1	Percentage of Participant's Compensation
Under 35	0 %
35-39	2
40-44	4
45-49	6
50-54	8
55 and over	10

Interest credits are added to a participant's account balance as of the last day of each month using the average 10-year Treasury interest rate. For each calendar year, the Plan shall continue to use the specified interest rate, averaged over the 12 months ending in November of the prior calendar year subject to a minimum rate of 2.05%.

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

Funding Policy

The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. This amount, determined by an independent actuary, is equal to the sum of the annual current service contribution attributable to a year's cost for continuous service and the prior service obligation. The Plan is in compliance with applicable ERISA funding requirements for 2014 and 2013. The Plan has recorded a contribution receivable in the amount of \$250,000 at December 31, 2014.

Pension Benefits

The Plan permits early retirement at ages 55 to 64 with 10 years of vested service. Participants may elect to receive their pension benefits in the form of a joint and survivor annuity. If participants terminate before rendering three years of service, they forfeit their right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity (or joint and survivor 50% for those participants that are married) payable monthly. Participants eligible for early retirement have the option of alternative forms of distribution including a 10 year period life annuity, a level income annuity, and additional joint and survivor annuity options.

Disability Benefits

In cases of total and permanent disability, participants can elect to receive benefit payments on the first day of the month after the participant becomes disabled as defined under the Plan.

Death Benefits

If a vested employee dies at pre-retirement age, a benefit which is equal to 100% of the participant's accrued vested benefit as of the last day of the month immediately prior to the month during which the participant's death occurred is payable to the spouse as a lump-sum or single-life annuity for the Spouse's life. If unmarried at the time of death, a benefit equal to the lump-sum is payable to the participant's beneficiary.

Vesting

Prior to April 1, 2008, a participant became fully vested after five years of service. Effective April 1, 2008, the Plan was amended to change the vesting schedule from 100% after five years of vested service to 100% after three years of vested service.

Administrative Expenses

The Plan's administrative expenses, including an allocation of salaries related to Plan administration costs, are paid by the Company and qualify as party-in-interest transactions which are exempt from prohibited transaction rules. Fees for custodian, actuarial, auditing, legal and recordkeeping services are paid by the Plan.

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

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 affect reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the custodians. See Note 3 for a discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in aggregate fair value includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in mutual funds and pooled separate accounts are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation or an addition to net depreciation in the aggregate fair value for such investments.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on the balances of participants' Cash Balance accounts. The account balances are determined by the Opening Balance on December 31, 1997 (if applicable), Basic Credits (a percentage, based on total years of service, of compensation during the year), Transition Credits (if applicable) and Interest Credits (interest earned on the balance, based on crediting rates determined every year). Beginning on January 1, 2011, participants' account balances shall only be increased by Interest Credits. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent such benefits are deemed attributable to employee account balances as of the valuation date.

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

The actuarial present value of accumulated plan benefits is determined by Aon Hewitt, the Plan's actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation were as follows:

	December 31, 2013	March 31, 2013
Investment return	5.95% per annum compounded annually	6.55% per annum compounded annually
Life expectancy of participants	2014 Static Mortality Table	2013 Static Mortality Table
Retirement age	20% retire at age 60; 37.5% retire at age 62; 42.5% retire at age 65+	20% retire at age 60; 37.5% retire at age 62; 42.5% retire at age 65+
Discount rate	4.35% per annum	3.90% per annum

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

In preparing these financial statements, Plan management has evaluated, for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to December 31, 2014, the most recent statement of net assets available for benefits presented herein, through October 13, 2015, the date these financial statements were available to be issued. No such significant events or transactions were identified.

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

2. INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., as custodian, has certified the completeness and accuracy of all investment information reflected in (1) the accompanying statement of net assets available for benefits as of December 31, 2014, (2) the December 31, 2014, supplemental schedules of assets (held at end of year) and reportable transactions for the year then ended, (3) the related investment activity reflected in the statement of changes in net assets available for benefits during 2014, and (4) the information presented below and in Note 3 for 2014.

	December 31, 2014	December 31, 2013
Group Annuity Contract No. 1013 - John Hancock Mutual Life Insurance	\$ 3,786,285*	\$ 3,932,732
Group Annuity Contract No. 003211 - Aetna Life Insurance Company	13,963,055	-
Advantage Prime Investment Money Market Service Institutional Class - Wells Fargo Bank, N.A.	375,152*	439,302*
Pooled separate accounts		
AON Hewitt		
High Yield Bond Fund	16,837,343	-
Long Credit Bond Fund	12,451,210	-
Passive 1-3 Year US Credit Index Non-Lending Fund	9,761,866	-
Intermediate Credit Bond Fund	7,602,825	-
Large Cap Equity Index Fund	4,801,903	-
Non U.S. Equity Index Fund	4,044,029*	-
Mutual funds		
Blackrock Equity Dividend Investor Class I Fund	7,270,433	-
Causeway International Value Fund	1,371,249*	-
Eagle Small Cap Growth Class I Fund	1,430,324*	-
Harbor Capital Appreciation Institutional Fund	7,225,325	-
Harding Loevner International Equity Institutional Fund	1,373,077*	-
Royce Total Return Investor Fund	1,422,939*	-
Royce Small Companies Growth Fund	1,001*	-
PIMCO Total Return Fund	-	20,049,612
Vanguard Institutional Index Fund	-	15,712,353
Dodge & Cox Stock Fund	-	7,302,626
Harbor International Fund	-	6,575,845
Thornburg International Value Fund	-	3,724,465
Royce Pennsylvania Mutual Fund	-	4,599,825
T. Rowe Price Mid-Cap Value Fund	-	4,640,410
Total	<u>\$ 93,718,016</u>	<u>\$ 66,977,170</u>

* Investment did not represent more than 5% of the Plan's net assets available for benefits at end of Plan year.

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

The following is a summary of the unaudited information regarding the Plan, included in the Plan's 2013 financial statements that was prepared by John Hancock Mutual Life Insurance Company ("John Hancock"), custodian of 6% of the Plan's net assets available for benefits as of December 31, 2013, and Wells Fargo Bank, N.A., custodian of 1% of the Plans net assets available for benefits as of December 31, 2013, and furnished to the Plan Administrator. The Plan Administrator obtained certifications from the custodians that such information, as well as the related information in Note 3, is complete and accurate.

	Fair Value as of December 31, 2013
Money market fund fair value	\$ 439,302
Unallocated insurance contract	3,932,732
	Nine Month Period Ended December 31, 2013
Interest	\$ 174,702
Net depreciation in fair value of unallocated insurance contract and mutual funds	(170,207)

The Plan holds investments in an unallocated group annuity contracts (GAC) with John Hancock and Aetna. The contracts with John Hancock are non-benefit responsive and the interest rate of 5.72% as of December 31, 2014 and 2013, is not guaranteed. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The Aetna contract is fully-benefit responsive and requires the Plan to maintain certain amounts on deposit referred to as the annuity allocation, as determined by Aetna, to provide for the purchase of annuities in the event of discontinuance of the contract and to provide for any other benefits guaranteed by the issuer. Any amount in excess of the annuity allocation can be withdrawn subject to any market value adjustments determined by Aetna based on rules and formulas furnished to the Plan by Aetna from time-to-time. The required deposit, which is included in the Aetna unallocated insurance contract, was \$12,480,901 at December 31, 2014.

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurements. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. The description includes an indication of the level of the fair value hierarchy in which the assets are classified. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Mutual funds: Shares held in mutual funds are valued at quoted market prices that represent the net asset value ("NAV") of shares held by the Plan at year end and are classified as Level 1. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities then divided by the number of shares outstanding. Mutual funds held by the Plan are open end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: These investments are valued using the net asset value ("NAV") of units held by the Plan at year end as provided by Wells Fargo Bank, N.A. and are classified as Level 2. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets owned by the fund, net of the investment management fee. The practical expedient is not used when it is determined to be probable that the investment will be sold for an amount different than the reported NAV.

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

Money market fund: Shares held in money market funds are comprised of debt securities with individual maturities of 13 months or less and an average maturity of 75 days or less. The composition of securities held is structured to maintain a value of \$1 per share and are classified as Level 2.

Unallocated insurance contract - John Hancock: Valued at fair value as determined by John Hancock Financial Services, Inc. by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer and is classified as Level 3.

Unallocated insurance contract - Aetna: Stated at contract value which approximates fair value and is valued by multiplying the market value factor of the unallocated portion of the fund, as determined by the Aetna Life Insurance Company based on the funds withdrawal value as of year-end, by the book value of the account and is classified as Level 3.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

December 31, 2014	Level 1	Level 2	Level 3	Total
Mutual funds				
Total return funds	\$ 1,422,939	\$ -	\$ -	\$ 1,422,939
Value funds	8,641,682	-	-	8,641,682
Capital appreciation funds	7,225,325	-	-	7,225,325
Growth funds	<u>2,804,402</u>	<u>-</u>	<u>-</u>	<u>2,804,402</u>
Total mutual funds	<u>20,094,348</u>	<u>-</u>	<u>-</u>	<u>20,094,348</u>
Pooled separate accounts				
Domestic equity	-	4,801,903	-	4,801,903
Global equity	-	4,044,029	-	4,044,029
Fixed income	-	36,891,378	-	36,891,378
Bond index	<u>-</u>	<u>9,761,866</u>	<u>-</u>	<u>9,761,866</u>
Total pooled separate accounts	<u>-</u>	<u>55,499,176</u>	<u>-</u>	<u>55,499,176</u>
Money market funds	-	375,152	-	375,152
Unallocated insurance contracts	<u>-</u>	<u>-</u>	<u>17,749,340</u>	<u>17,749,340</u>
Total investments, at fair value	<u>\$ 20,094,348</u>	<u>\$ 55,874,328</u>	<u>\$ 17,749,340</u>	<u>\$ 93,718,016</u>

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2013	Level 1	Level 2	Level 3	Total
Mutual funds				
Total return funds	\$ 26,625,457	\$ -	\$ -	\$ 26,625,457
Capital growth funds	20,312,178	-	-	20,312,178
Capital appreciation funds	8,364,875	-	-	8,364,875
Growth funds	<u>7,302,626</u>	<u>-</u>	<u>-</u>	<u>7,302,626</u>
Total mutual funds	62,605,136	-	-	62,605,136
Money market funds	-	439,302	-	439,302
Unallocated insurance contract	<u>-</u>	<u>-</u>	<u>3,932,732</u>	<u>3,932,732</u>
Total investments, at fair value	<u>\$ 62,605,136</u>	<u>\$ 439,302</u>	<u>\$ 3,932,732</u>	<u>\$ 66,977,170</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

Unallocated Insurance Contracts	Year Ended December 31, 2014	Nine Month Period Ended December 31, 2013
Balance, beginning of period	\$ 3,932,732	\$ 4,224,644
Realized gains	174,252	156,763
Unrealized gain (loss) relating to instruments still held at the reporting date	12,242	(170,207)
Sales	(309,942)	(263,634)
Administrative charges	(22,999)	(14,834)
Transfers	<u>13,963,055</u>	<u>-</u>
Balance, end of period	<u>\$ 17,749,340</u>	<u>\$ 3,932,732</u>

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

The following tables set forth the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs at December 31:

2014		Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Weighted Average and/or Range of Significant Input Values
Instrument					
Investment contract with John Hancock	\$ 3,786,285	Discounted cash flow	Discount rate	5.72%	
				Duration (years)	6-10 years
Investment contract with Aetna	\$ 13,963,055	Discounted cash flow	Discount rate	4.69%	
				Duration (years)	5 years

2013		Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Weighted Average and/or Range of Significant Input Values
Instrument					
Investment contract with John Hancock	\$ 3,932,732	Discounted cash flow	Discount rate	5.72%	
				Duration (years)	6-10 years

In estimating fair value of the investments in Level 3, Plan management may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, Plan management evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31:

Investment Type	2014			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts				
Domestic equity funds	\$ 4,801,903	\$ -	Daily	Daily
Global equity funds	4,044,029	-	Daily	Daily
Fixed income funds	36,891,378	-	Daily	Daily
Bond index funds	9,761,866	-	Daily	Daily

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

The following is a description of the investment strategies for pooled separate accounts at December 31, 2014:

Domestic equity funds: These funds include investments that seek capital appreciation and long-term growth of capital by investing in stocks in the S&P 500.

Global equity funds: These funds include investments that seek capital appreciation and long-term growth of capital by investing in stocks of foreign companies.

Fixed income funds: These funds include investments that seek to provide income by investing in intermediate and long-term bonds issued by corporations, the U.S. government and its agencies.

Bond index funds: These funds include investments in corporate, sovereign, local authority, and non-U.S. agency bonds with maturities between one and three years.

4. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Investments held by the Plan are managed by Wells Fargo Bank, N.A., custodian of the Plan as of December 31, 2014. As of December 31, 2013, certain investments held by the plan were managed by John Hancock Mutual Life Insurance Company, Dodge & Cox Funds, The Vanguard Group, Pacific Investment Management Company, American Funds, T. Rowe Price Mutual Funds, Royce Funds, Thornburg Investment Management, Harbor Funds, BlackRock Funds and Wells Fargo Bank, N.A., custodians of the Plan. These transactions qualify as party-in-interest. Fees paid by the Plan to the custodians amounted to \$517,740 and \$355,609 for the year ended December 31, 2014 and the nine month period ended December 31, 2013, respectively.

5. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated September 29, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, 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 may be 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 tax years prior to 2011.

SpartanNash Company Pension Plan

NOTES TO FINANCIAL STATEMENTS

6. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to certain provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. To discharge expenses of administration of the Plan.
- b. For benefits in pay status three years prior to termination, or for benefits which would have been in pay status three years prior to termination if the participant had retired.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC,” a U.S. government agency) up to the applicable limitations (discussed subsequently).
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination.

Whether all participants receive their benefits should the Plan terminate at some further time will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

7. RISKS AND UNCERTAINTIES

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

The Plan has funds held in a money market fund which exceed federally insured limits. Management believes that the Plan is not exposed to any significant interest rate or other financial risk on these investments.

SpartanNash Company Pension Plan

■ NOTES TO FINANCIAL STATEMENTS

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

■ ■ ■ ■ ■

SUPPLEMENTARY INFORMATION

SpartanNash Company Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PERIOD)
DECEMBER 31, 2014
PLAN #001
EIN 38-0593940

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds			
	Blackrock Funds	Equity Dividend Investor Class I Fund, 291,400 shares	\$ 5,287,603	\$ 7,270,433
	Causeway Funds	International Value Fund, 92,715 shares	1,272,727	1,371,249
	Eagle Funds	Small Cap Growth Class I Fund, 26,082 shares	1,206,663	1,430,324
	Harbor Fund	Capital Appreciation Institutional Fund, 123,468 shares	4,888,950	7,225,325
	Harding Loevner Funds	International Equity Institutional Fund, 78,193 shares	1,225,710	1,373,077
	The Royce Funds	Total Return Investor Fund, 96,536 shares	1,314,239	1,422,939
	The Royce Funds	Smaller Companies Growth Fund, 70 shares	1,166	1,001
	Total mutual funds		15,197,058	20,094,348
	Pooled separate accounts			
*	AON Hewitt Group Trust	Non-U.S. Equity Index Fund, 375,902 shares	4,160,999	4,044,029
*	AON Hewitt Group Trust	Intermediate Credit Bond Fund, 625,777 shares	7,339,324	7,602,825
*	AON Hewitt Group Trust	Large Cap Equity Index Fund, 235,001 shares	4,216,417	4,801,903
*	AON Hewitt Group Trust	Long Credit Bond Fund, 797,993 shares	10,962,594	12,451,210
*	AON Hewitt Group Trust	High Yield Bond Fund, 1,244,722 shares	16,846,168	16,837,343
*	State Street Global Advisors	Passive 1-3 Year US Credit Index NonLending Fund, 605,312 shares	9,706,016	9,761,866
	Total pooled separate accounts		53,231,518	55,499,176

(Continued)

SpartanNash Company Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PERIOD)
DECEMBER 31, 2014
PLAN #001
EIN 38-0593940

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Unallocated insurance contract Aetna Life Insurance Company	Group Annuity Contract No. 003211, interest at 4.69%	\$ 13,963,055	\$ 13,963,055
	Unallocated insurance contract John Hancock Mutual Life Insurance Company	Group Annuity Contract No. 1013, interest at 5.72%	<u>3,617,701</u>	<u>3,786,285</u>
	Total unallocated insurance contracts		17,580,756	17,749,340
*	Money Market Fund Wells Fargo Bank, N.A.	Advantage Prime Investment Money Market Service Institutional Class, 375,152 shares	<u>375,152</u>	<u>375,152</u>
	Total investments		<u><u>\$86,384,484</u></u>	<u><u>\$93,718,016</u></u>

(a) An asterisk in this column identifies a person known to be a party-in-interest to the Plan.

The above information has been certified by Wells Fargo Bank, N.A., custodian of the Plan, as complete and accurate.

SpartanNash Company Pension Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2014
PLAN #001
EIN 38-0593940

(a) Identity of Party Involved	(b) Description of Asset
<p>a) A single transaction in excess of 5% of the current value of plan assets:</p> <p>Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. Wells Fargo Bank, N.A.</p>	<p>Non U.S. Equity Index Fund Large Cap Equity Index Fund High Yield Bond Fund Intermediate Credit Bond Fund Long Credit Bond Fund</p>
<p>c) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets:</p> <p>Wells Fargo Bank, N.A.</p> <p>Wells Fargo Bank, N.A.</p>	<p>Advantage Prime Investment Money Market Service Institutional Class 35 Purchases 126 Sales Passive 1-3 Year U.S. Credit Index Non-Lending Fund 2 Purchases</p>

The above information has been certified by Wells Fargo Bank, N.A., custodian of the Plan, as complete and accurate.



(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
\$ 4,900,000	\$ -	\$ 4,900,000	\$ 4,900,000	\$ -
4,900,000	-	4,900,000	4,900,000	-
18,300,000	-	18,300,000	18,300,000	-
8,500,000	-	8,500,000	8,500,000	-
13,700,000	-	13,700,000	13,700,000	-
68,152,138	-	68,152,138	68,152,138	-
-	68,216,293	68,216,293	68,216,293	-
10,700,000	-	10,700,000	10,700,000	-

Schedule SB Attachment (Form 5500)—2014 Plan Year
 SpartanNash Company Pension Plan
 EIN: 38-0593940 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Number of Participants and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25			5							
25-29		13	165 \$1,064	29 \$2,348						
30-34		5	130 \$2,197	64 \$4,441	32 \$5,551					
35-39		3	99 \$2,205	42 \$7,316	52 \$7,532	9				
40-44		6	140 \$2,651	59 \$8,735	56 \$11,936	28 \$9,342	7			
45-49		10	185 \$2,878	64 \$11,163	73 \$14,823	30 \$24,046	47 \$25,550	14		
50-54		11	234 \$3,054	103 \$11,854	83 \$13,094	55 \$16,869	38 \$44,226	44 \$36,833	7	
55-59		13	239 \$2,722	87 \$17,505	83 \$13,570	42 \$13,592	38 \$39,045	26 \$89,435	31 \$72,316	11
60-64		4	152 \$3,065	72 \$11,152	49 \$10,558	28 \$15,549	20 \$77,019	13	13	11
65-69			69 \$2,305	17	15	10	11	8	5	5
70+		1	26 \$1,219	9	14	2	7	7		4

N-3,084

Schedule SB Attachment (Form 5500)—2014 Plan Year
SpartanNash Company Pension Plan
EIN: 38-0593940 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Participation	Employees become participants on the January 1 or July 1 following attainment of age 21 and completion of at least 1,000 hours in the first 12 months of employment or any calendar year.
	No employee who was not a participant on December 31, 2010 shall become a participant after December 31, 2010.
Normal Retirement	
Eligibility	Age 65.
Benefit	Account balance or actuarially equivalent annuity.
Early Retirement	
Eligibility	Age 55 and 10 years of service.
Benefit	Account balance or actuarially equivalent annuity.
Vested Termination	
Eligibility	Three years of service.
Benefit	Account balance or actuarially equivalent annuity.
Disability	
Eligibility	One year of service.
Benefit	Account balance or actuarially equivalent annuity.
Preretirement Death Benefit	
Eligibility	Three years of service.
Benefit	Account balance or qualified preretirement survivor annuity.
Special Retail Labor Benefit	
Benefit	\$150 added to account balance on both December 31, 2002 and December 31, 2003.
Normal Form of Benefit	Life annuity for unmarried participants; actuarially equivalent joint and 50% survivor annuity for married participants.

Schedule SB Attachment (Form 5500)—2014 Plan Year
SpartanNash Company Pension Plan
EIN: 38-0593940 PN: 001

Optional Forms of Benefit	Single life, period certain and life, level income annuity; Joint and 50% survivor annuity with non-spouse survivor benefit; Joint and 66 $\frac{2}{3}$ %, 75%, 100% survivor annuity to married participants; Lump sum.
Definitions	
Account Balance	Opening account balance (if applicable) plus basic credits plus transition credits (if applicable) plus interest credits. After December 31, 2010, a participant's account balance shall only be increased by interest credits.
Opening Account Balance	Accrued benefit as of December 31, 1997 converted to a lump sum using 1983 GAM Mortality (weighted 50% male and 50% female) and a 7% interest rate.
Accrued Benefit	Amount of a participant's benefit under the plan, determined as of a specified date.
Period Before April 1, 2004	Accrued benefit is equal to the greater of the following: <ol style="list-style-type: none">1. Participant's March 31, 1998 accrued benefit; or2. Immediate annuity which is the actuarial equivalent of the participant's account balance projected with interest at the 30-year rate to age 65.
Period On and After April 1, 2004	Accrued benefit is equal to the greater of the following: <ol style="list-style-type: none">1. Participant's March 31, 1998 accrued benefit; or2. Participant's March 31, 2004 accrued benefit; or3. Immediate annuity which is the actuarial equivalent of the participant's account balance projected with interest at the 10-year rate to age 65.

Schedule SB Attachment (Form 5500)—2014 Plan Year
 SpartanNash Company Pension Plan
 EIN: 38-0593940 PN: 001

Basic Credits

Amount added to the account balance which is equal to a percentage of compensation. The percentage is based on years of vested service as follows:

Years of Vested Service	Basic Credit
0–5	2.5%
6–15	3.0%
16–25	4.0%
26+	5.0%

Benefit accruals under the plan were “frozen” as of December 31, 2010. A participant shall not receive any basic credits for compensation paid after December 31, 2010.

Transition Credits

For participants on December 31, 1997, an additional amount is added to the account balance for the lesser of:

- The number of years of benefit service on December 31, 1997; or
- The next 10 years.

General Transition Credits

The transition credit is equal to a percentage of compensation and is based on age last birthday as of January 1 as follows:

Age as of January 1	Transition Credit
Under 35	0%
35–39	2%
40–44	4%
45–49	6%
50–54	8%
55 or over	10%

Special Transition Credits

Special transition credits apply to eligible participants as described in Appendix C of the Plan document.

Schedule SB Attachment (Form 5500)—2014 Plan Year
SpartanNash Company Pension Plan
EIN: 38-0593940 PN: 001

Interest Credits	Interest will be credited to the account balance at an annual rate of interest equal to the average of the 10-year Treasury Constant Maturities yields over the 12 months ending in November of the prior calendar year. Effective April 1, 2008, the minimum interest crediting rate for a plan year is 2.05%.
Compensation	Includes salary, hourly wages, commissions, incentive pay, bonuses and overtime pay. After December 31, 2010, compensation will no longer be used as basic credits will be frozen.
Years of Vested Service	All years of employment with Spartan Stores, Inc. or a related employer, including service in a job classification that is ineligible for participation in the pension plan.
Years of Benefit Service	All years of employment with Spartan Stores, Inc.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The name of the plan sponsor changed from Spartan Stores, Inc. to SpartanNash Company.

After the close of business on December 31, 2014, the plan name changed from the Spartan Stores, Inc. Cash Balance Pension Plan to the SpartanNash Company Pension Plan.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

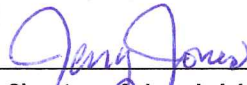
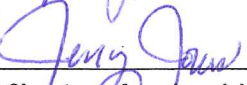
- A** This return/report is for: a multiemployer plan; a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or a single-employer plan; a DFE (specify) _____
- B** This return/report is: the first return/report; 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 SPARTANNASH COMPANY PENSION PLAN		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	03/01/1954
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SPARTANNASH COMPANY P.O. BOX 8700 GRAND RAPIDS MI 49518		2b Employer Identification Number (EIN)	38-0593940
		2c Plan Sponsor's telephone number	616-878-2000
		2d Business code (see instructions)	424400

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

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

SIGN HERE		<u>10/14/15</u>	JERRY JONES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/14/15</u>	JERRY JONES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)	Preparer's telephone number (optional)

SpartanNash Company Pension Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2014
PLAN #001
EIN 38-0593940

(a) Identity of Party Involved	(b) Description of Asset
<p>a) A single transaction in excess of 5% of the current value of plan assets:</p> <ul style="list-style-type: none"> Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. 	<ul style="list-style-type: none"> Non U.S. Equity Index Fund Large Cap Equity Index Fund High Yield Bond Fund Intermediate Credit Bond Fund Long Credit Bond Fund
<p>c) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets:</p> <ul style="list-style-type: none"> Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. 	<ul style="list-style-type: none"> Advantage Prime Investment Money Market Service Institutional Class 35 Purchases 126 Sales Passive 1-3 Year U.S. Credit Index Non-Lending Fund 2 Purchases

The above information has been certified by Wells Fargo Bank, N.A., custodian of the Plan, as complete and accurate.



(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
\$ 4,900,000	\$ -	\$ 4,900,000	\$ 4,900,000	\$ -
4,900,000	-	4,900,000	4,900,000	-
18,300,000	-	18,300,000	18,300,000	-
8,500,000	-	8,500,000	8,500,000	-
13,700,000	-	13,700,000	13,700,000	-
68,152,138	-	68,152,138	68,152,138	-
-	68,216,293	68,216,293	68,216,293	-
10,700,000	-	10,700,000	10,700,000	-

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

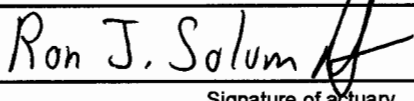
- ▶ **Round off amounts to nearest dollar.**
- ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SpartanNash Company Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SpartanNash Company	D Employer Identification Number (EIN) 38-0593940	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	67,477,173	
b Actuarial value	2b	62,298,321	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	216	11,844,312	11,844,312
b For terminated vested participants.....	381	8,274,332	8,274,332
c For active participants.....	3,084	32,191,856	32,206,595
d Total.....	3,681	52,310,500	52,325,239
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		6.24%
6 Target normal cost	6		322,493

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>10/13/2015</u> Date
	<u>Ron J. Solum</u> Type or print name of actuary	<u>14-06762</u> Most recent enrollment number
	<u>Hewitt Associates LLC</u> Firm name	<u>(847) 295-5000</u> Telephone number (including area code)
	<u>4 Overlook Point</u> Address of the firm	
	<u>Lincolnshire IL 60069</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4,221,529
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	4,221,529
10	Interest on line 9 using prior year's actual return of <u>10.22%</u>	0	431326
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.09%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	4652855

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.16 %
15	Adjusted funding target attainment percentage	15	119.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.42 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
				0	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6).....	31a	322,493
b Excess assets, if applicable, but not greater than line 31a	31b	322,493

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected 2 plus 7 years 15 years

b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011

42 Amount of acceleration adjustment **42**

43 Excess installment acceleration amount to be carried over to future plan years **43**

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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	10.00%	1.0000	5.55
56.5	5.00%	0.9000	2.54
57.5	5.00%	0.8550	2.46
58.5	5.00%	0.8123	2.38
59.5	10.00%	0.7716	4.59
60.5	10.00%	0.6945	4.20
61.5	15.00%	0.6250	5.77
62.5	20.00%	0.5313	6.64
63.5	10.00%	0.4250	2.70
64.5	5.00%	0.3825	1.23
65.5	25.00%	0.3634	5.95
66.5	15.00%	0.2725	2.72
67.5	20.00%	0.2317	3.13
68.5	10.00%	0.1853	1.27
69.5	20.00%	0.1668	2.32
70.5	25.00%	0.1334	2.35
71	100.00%	0.1001	7.11
	Weighted Average		62.91

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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2014), without regard to interest rate stabilization
1st Segment Rate	1.25%
2nd Segment Rate	4.06%
3rd Segment Rate	5.08%
Cash Balance Interest Crediting Rate	3.50%
Optional Payment Form Election Percentage	100% elect a lump sum distribution of their cash balance account
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Tables 2–3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further

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limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2012 Plan Year

7.50%, limited to 6.38%

2013 Plan Year

6.55%

Trust Expenses Included in Target Normal Cost

\$322,493. Based on prior year's actual plan administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2014

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Table 1

Retirement Rates

Age	Rate
55	10.00%
56	5.00%
57	5.00%
58	5.00%
59	10.00%
60	10.00%
61	15.00%
62	20.00%
63	10.00%
64	5.00%
65	25.00%
66	15.00%
67	20.00%
68	10.00%
69	20.00%
70	25.00%
71+	100.00%

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Withdrawal Rates - Corporate

Age	Years of Service					
	0	1	2	3	4	5+
15	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
16	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
17	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
18	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
19	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
20	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
21	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
22	16.70%	16.70%	16.70%	16.70%	16.70%	16.70%
23	15.80%	15.80%	15.80%	15.80%	15.80%	15.80%
24	15.10%	15.10%	15.10%	15.10%	15.10%	15.10%
25	14.30%	14.30%	14.30%	14.30%	14.30%	14.30%
26	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%
27	12.80%	12.80%	12.80%	12.80%	12.80%	12.80%
28	12.70%	12.10%	12.10%	12.10%	12.10%	12.10%
29	12.70%	11.90%	11.50%	11.50%	11.50%	11.50%
30	12.70%	11.90%	11.00%	10.80%	10.80%	10.80%
31	12.70%	11.90%	11.00%	10.20%	10.20%	10.20%
32	12.70%	11.90%	11.00%	10.20%	9.60%	9.60%
33	12.70%	11.90%	11.00%	10.20%	9.50%	9.00%
34	12.70%	11.90%	11.00%	10.20%	9.50%	8.50%
35	12.70%	11.90%	11.00%	10.20%	9.50%	7.90%
36	12.70%	11.90%	11.00%	10.20%	9.50%	7.40%
37	12.70%	11.90%	11.00%	10.20%	9.50%	6.90%
38	12.70%	11.90%	11.00%	10.20%	9.50%	6.50%
39	12.70%	11.90%	11.00%	10.20%	9.50%	6.00%
40	12.70%	11.90%	11.00%	10.20%	9.50%	5.60%
41	12.70%	11.90%	11.00%	10.20%	9.50%	5.20%
42	12.70%	11.90%	11.00%	10.20%	9.50%	4.90%
43	12.70%	11.90%	11.00%	10.20%	9.50%	4.50%
44	12.70%	11.90%	11.00%	10.20%	9.50%	4.20%

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Withdrawal Rates - Corporate

Age	Years of Service					
	0	1	2	3	4	5+
45	12.70%	11.90%	11.00%	10.20%	9.50%	3.90%
46	12.70%	11.90%	11.00%	10.20%	9.50%	3.60%
47	12.70%	11.90%	11.00%	10.20%	9.50%	3.40%
48	12.70%	11.90%	11.00%	10.20%	9.50%	3.10%
49	12.70%	11.90%	11.00%	10.20%	9.50%	2.90%
50	12.70%	11.90%	11.00%	10.20%	9.50%	2.70%
51	12.70%	11.90%	11.00%	10.20%	9.50%	2.60%
52	12.70%	11.90%	11.00%	10.20%	9.50%	2.40%
53	12.70%	11.90%	11.00%	10.20%	9.50%	2.30%
54	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
55	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
56	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
57	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
58	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
59	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
60	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
61	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
62	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
63	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
64	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
65+	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%

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 Withdrawal Rates - Retail

Age	Years of Service					
	0	1	2	3	4	5+
15	21.30%	21.30%	21.30%	21.30%	21.30%	21.30%
16	21.30%	21.30%	21.30%	21.30%	21.30%	21.30%
17	21.30%	21.30%	21.30%	21.30%	21.30%	21.30%
18	21.30%	21.30%	21.30%	21.30%	21.30%	21.30%
19	21.30%	21.30%	21.30%	21.30%	21.30%	21.30%
20	21.30%	21.30%	21.30%	21.30%	21.30%	21.30%
21	21.30%	21.30%	21.30%	21.30%	21.30%	21.30%
22	20.10%	20.10%	20.10%	20.10%	20.10%	20.10%
23	20.00%	19.00%	19.00%	19.00%	19.00%	19.00%
24	20.00%	17.90%	17.90%	17.90%	17.90%	17.90%
25	20.00%	17.80%	16.90%	16.90%	16.90%	16.90%
26	20.00%	17.80%	15.80%	15.80%	15.80%	15.80%
27	20.00%	17.80%	15.70%	14.90%	14.90%	14.90%
28	20.00%	17.80%	15.70%	13.90%	13.90%	13.90%
29	20.00%	17.80%	15.70%	13.80%	13.00%	13.00%
30	20.00%	17.80%	15.70%	13.80%	12.20%	12.20%
31	20.00%	17.80%	15.70%	13.80%	12.10%	11.30%
32	20.00%	17.80%	15.70%	13.80%	12.10%	10.50%
33	20.00%	17.80%	15.70%	13.80%	12.10%	9.80%
34	20.00%	17.80%	15.70%	13.80%	12.10%	9.10%
35	20.00%	17.80%	15.70%	13.80%	12.10%	8.30%
36	20.00%	17.80%	15.70%	13.80%	12.10%	7.70%
37	20.00%	17.80%	15.70%	13.80%	12.10%	7.10%
38	20.00%	17.80%	15.70%	13.80%	12.10%	6.50%
39	20.00%	17.80%	15.70%	13.80%	12.10%	5.90%
40	20.00%	17.80%	15.70%	13.80%	12.10%	5.40%
41	20.00%	17.80%	15.70%	13.80%	12.10%	4.90%
42	20.00%	17.80%	15.70%	13.80%	12.10%	4.50%
43	20.00%	17.80%	15.70%	13.80%	12.10%	4.10%
44	20.00%	17.80%	15.70%	13.80%	12.10%	3.70%

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 Withdrawal Rates - Retail

Age	Years of Service					
	0	1	2	3	4	5+
45	20.00%	17.80%	15.70%	13.80%	12.10%	3.40%
46	20.00%	17.80%	15.70%	13.80%	12.10%	3.10%
47	20.00%	17.80%	15.70%	13.80%	12.10%	2.80%
48	20.00%	17.80%	15.70%	13.80%	12.10%	2.60%
49	20.00%	17.80%	15.70%	13.80%	12.10%	2.40%
50	20.00%	17.80%	15.70%	13.80%	12.10%	2.20%
51	20.00%	17.80%	15.70%	13.80%	12.10%	2.10%
52	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
53	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
54	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
55	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
56	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
57	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
58	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
59	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
60	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
61	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
62	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
63	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
64	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%
65+	20.00%	17.80%	15.70%	13.80%	12.10%	2.00%

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Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	45	0.405%	0.608%
16	0.285%	0.428%	46	0.430%	0.645%
17	0.285%	0.428%	47	0.460%	0.690%
18	0.285%	0.428%	48	0.494%	0.740%
19	0.285%	0.428%	49	0.532%	0.798%
20	0.286%	0.429%	50	0.574%	0.861%
21	0.287%	0.431%	51	0.623%	0.935%
22	0.288%	0.432%	52	0.676%	1.014%
23	0.284%	0.426%	53	0.735%	1.103%
24	0.280%	0.420%	54	0.798%	1.197%
25	0.278%	0.417%	55	0.868%	1.302%
26	0.277%	0.416%	56	0.946%	1.419%
27	0.276%	0.414%	57	1.035%	1.553%
28	0.275%	0.413%	58	1.135%	1.703%
29	0.275%	0.413%	59	1.245%	1.868%
30	0.275%	0.413%	60	1.363%	2.045%
31	0.276%	0.414%	61	1.491%	2.237%
32	0.278%	0.417%	62	1.628%	2.442%
33	0.281%	0.422%	63	1.778%	2.667%
34	0.284%	0.426%	64	1.938%	2.907%
35	0.288%	0.432%	65+	0.000%	0.000%
36	0.294%	0.441%			
37	0.300%	0.450%			
38	0.307%	0.461%			
39	0.314%	0.471%			
40	0.323%	0.485%			
41	0.334%	0.501%			
42	0.348%	0.522%			
43	0.365%	0.548%			
44	0.383%	0.575%			

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Schedule SB, Part V—Summary of Plan Provisions

Participation	Employees become participants on the January 1 or July 1 following attainment of age 21 and completion of at least 1,000 hours in the first 12 months of employment or any calendar year.
	No employee who was not a participant on December 31, 2010 shall become a participant after December 31, 2010.
Normal Retirement	
Eligibility	Age 65.
Benefit	Account balance or actuarially equivalent annuity.
Early Retirement	
Eligibility	Age 55 and 10 years of service.
Benefit	Account balance or actuarially equivalent annuity.
Vested Termination	
Eligibility	Three years of service.
Benefit	Account balance or actuarially equivalent annuity.
Disability	
Eligibility	One year of service.
Benefit	Account balance or actuarially equivalent annuity.
Preretirement Death Benefit	
Eligibility	Three years of service.
Benefit	Account balance or qualified preretirement survivor annuity.
Special Retail Labor Benefit	
Benefit	\$150 added to account balance on both December 31, 2002 and December 31, 2003.
Normal Form of Benefit	Life annuity for unmarried participants; actuarially equivalent joint and 50% survivor annuity for married participants.

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Optional Forms of Benefit	Single life, period certain and life, level income annuity; Joint and 50% survivor annuity with non-spouse survivor benefit; Joint and 66 $\frac{2}{3}$ %, 75%, 100% survivor annuity to married participants; Lump sum.
Definitions	
Account Balance	Opening account balance (if applicable) plus basic credits plus transition credits (if applicable) plus interest credits. After December 31, 2010, a participant's account balance shall only be increased by interest credits.
Opening Account Balance	Accrued benefit as of December 31, 1997 converted to a lump sum using 1983 GAM Mortality (weighted 50% male and 50% female) and a 7% interest rate.
Accrued Benefit	Amount of a participant's benefit under the plan, determined as of a specified date.
Period Before April 1, 2004	Accrued benefit is equal to the greater of the following: <ol style="list-style-type: none">1. Participant's March 31, 1998 accrued benefit; or2. Immediate annuity which is the actuarial equivalent of the participant's account balance projected with interest at the 30-year rate to age 65.
Period On and After April 1, 2004	Accrued benefit is equal to the greater of the following: <ol style="list-style-type: none">1. Participant's March 31, 1998 accrued benefit; or2. Participant's March 31, 2004 accrued benefit; or3. Immediate annuity which is the actuarial equivalent of the participant's account balance projected with interest at the 10-year rate to age 65.

Schedule SB Attachment (Form 5500)—2014 Plan Year
 SpartanNash Company Pension Plan
 EIN: 38-0593940 PN: 001

Basic Credits

Amount added to the account balance which is equal to a percentage of compensation. The percentage is based on years of vested service as follows:

Years of Vested Service	Basic Credit
0–5	2.5%
6–15	3.0%
16–25	4.0%
26+	5.0%

Benefit accruals under the plan were “frozen” as of December 31, 2010. A participant shall not receive any basic credits for compensation paid after December 31, 2010.

Transition Credits

For participants on December 31, 1997, an additional amount is added to the account balance for the lesser of:

- The number of years of benefit service on December 31, 1997; or
- The next 10 years.

General Transition Credits

The transition credit is equal to a percentage of compensation and is based on age last birthday as of January 1 as follows:

Age as of January 1	Transition Credit
Under 35	0%
35–39	2%
40–44	4%
45–49	6%
50–54	8%
55 or over	10%

Special Transition Credits

Special transition credits apply to eligible participants as described in Appendix C of the Plan document.

Schedule SB Attachment (Form 5500)—2014 Plan Year
SpartanNash Company Pension Plan
EIN: 38-0593940 PN: 001

Interest Credits

Interest will be credited to the account balance at an annual rate of interest equal to the average of the 10-year Treasury Constant Maturities yields over the 12 months ending in November of the prior calendar year.

Effective April 1, 2008, the minimum interest crediting rate for a plan year is 2.05%.

Compensation

Includes salary, hourly wages, commissions, incentive pay, bonuses and overtime pay.

After December 31, 2010, compensation will no longer be used as basic credits will be frozen.

Years of Vested Service

All years of employment with Spartan Stores, Inc. or a related employer, including service in a job classification that is ineligible for participation in the pension plan.

Years of Benefit Service

All years of employment with Spartan Stores, Inc.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The name of the plan sponsor changed from Spartan Stores, Inc. to SpartanNash Company.

After the close of business on December 31, 2014, the plan name changed from the Spartan Stores, Inc. Cash Balance Pension Plan to the SpartanNash Company Pension Plan.

Schedule SB Attachment (Form 5500)—2014 Plan Year
SpartanNash Company Pension Plan
EIN: 38-0593940 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

A change in the cash balance interest crediting rate from 3.25% to 3.50%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2014 Plan Year
SpartanNash Company Pension Plan
EIN: 38-0593940 PN: 001

Schedule SB, line 25—Change in Method

Beginning with the 2014 plan year, the valuation date changed from April 1 to January 1. This was required as the first day of the plan year changed from April 1 to January 1.

Schedule SB Attachment (Form 5500)—2014 Plan Year
 SpartanNash Company Pension Plan
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014
 Number of Participants and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25			5							
25-29		13	165 \$1,064	29 \$2,348						
30-34		5	130 \$2,197	64 \$4,441	32 \$5,551					
35-39		3	99 \$2,205	42 \$7,316	52 \$7,532	9				
40-44		6	140 \$2,651	59 \$8,735	56 \$11,936	28 \$9,342	7			
45-49		10	185 \$2,878	64 \$11,163	73 \$14,823	30 \$24,046	47 \$25,550	14		
50-54		11	234 \$3,054	103 \$11,854	83 \$13,094	55 \$16,869	38 \$44,226	44 \$36,833	7	
55-59		13	239 \$2,722	87 \$17,505	83 \$13,570	42 \$13,592	38 \$39,045	26 \$89,435	31 \$72,316	11
60-64		4	152 \$3,065	72 \$11,152	49 \$10,558	28 \$15,549	20 \$77,019	13	13	11
65-69			69 \$2,305	17	15	10	11	8	5	5
70+		1	26 \$1,219	9	14	2	7	7		4

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Schedule SB Attachment (Form 5500)—2014 Plan Year
 SpartanNash Company Pension Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	10.00%	1.0000	5.55
56.5	5.00%	0.9000	2.54
57.5	5.00%	0.8550	2.46
58.5	5.00%	0.8123	2.38
59.5	10.00%	0.7716	4.59
60.5	10.00%	0.6945	4.20
61.5	15.00%	0.6250	5.77
62.5	20.00%	0.5313	6.64
63.5	10.00%	0.4250	2.70
64.5	5.00%	0.3825	1.23
65.5	25.00%	0.3634	5.95
66.5	15.00%	0.2725	2.72
67.5	20.00%	0.2317	3.13
68.5	10.00%	0.1853	1.27
69.5	20.00%	0.1668	2.32
70.5	25.00%	0.1334	2.35
71	100.00%	0.1001	7.11
	Weighted Average		62.91

Schedule SB Attachment (Form 5500)—2014 Plan Year
SpartanNash Company Pension Plan
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Schedule SB, Part V—Summary of Plan Provisions

Participation	Employees become participants on the January 1 or July 1 following attainment of age 21 and completion of at least 1,000 hours in the first 12 months of employment or any calendar year. No employee who was not a participant on December 31, 2010 shall become a participant after December 31, 2010.
Normal Retirement Eligibility	Age 65.
Benefit	Account balance or actuarially equivalent annuity.
Early Retirement Eligibility	Age 55 and 10 years of service.
Benefit	Account balance or actuarially equivalent annuity.
Vested Termination Eligibility	Three years of service.
Benefit	Account balance or actuarially equivalent annuity.
Disability Eligibility	One year of service.
Benefit	Account balance or actuarially equivalent annuity.
Preretirement Death Benefit Eligibility	Three years of service.
Benefit	Account balance or qualified preretirement survivor annuity.
Special Retail Labor Benefit Benefit	\$150 added to account balance on both December 31, 2002 and December 31, 2003.
Normal Form of Benefit	Life annuity for unmarried participants; actuarially equivalent joint and 50% survivor annuity for married participants.

Schedule SB Attachment (Form 5500)—2014 Plan Year
SpartanNash Company Pension Plan
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Optional Forms of Benefit	Single life, period certain and life, level income annuity; Joint and 50% survivor annuity with non-spouse survivor benefit; Joint and 66 $\frac{2}{3}$ %, 75%, 100% survivor annuity to married participants; Lump sum.
Definitions	
Account Balance	Opening account balance (if applicable) plus basic credits plus transition credits (if applicable) plus interest credits. After December 31, 2010, a participant's account balance shall only be increased by interest credits.
Opening Account Balance	Accrued benefit as of December 31, 1997 converted to a lump sum using 1983 GAM Mortality (weighted 50% male and 50% female) and a 7% interest rate.
Accrued Benefit	Amount of a participant's benefit under the plan, determined as of a specified date.
Period Before April 1, 2004	Accrued benefit is equal to the greater of the following: <ol style="list-style-type: none">1. Participant's March 31, 1998 accrued benefit; or2. Immediate annuity which is the actuarial equivalent of the participant's account balance projected with interest at the 30-year rate to age 65.
Period On and After April 1, 2004	Accrued benefit is equal to the greater of the following: <ol style="list-style-type: none">1. Participant's March 31, 1998 accrued benefit; or2. Participant's March 31, 2004 accrued benefit; or3. Immediate annuity which is the actuarial equivalent of the participant's account balance projected with interest at the 10-year rate to age 65.

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Compensation	Includes salary, hourly wages, commissions, incentive pay, bonuses and overtime pay. After December 31, 2010, compensation will no longer be used as basic credits will be frozen.
Years of Vested Service	All years of employment with Spartan Stores, Inc. or a related employer, including service in a job classification that is ineligible for participation in the pension plan.
Years of Benefit Service	All years of employment with Spartan Stores, Inc.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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SpartanNash Company Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PERIOD)
DECEMBER 31, 2014
PLAN #001
EIN 38-0593940

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds			
	Blackrock Funds	Equity Dividend Investor Class I Fund, 291,400 shares	\$ 5,287,603	\$ 7,270,433
	Causeway Funds	International Value Fund, 92,715 shares	1,272,727	1,371,249
	Eagle Funds	Small Cap Growth Class I Fund, 26,082 shares	1,206,663	1,430,324
	Harbor Fund	Capital Appreciation Institutional Fund, 123,468 shares	4,888,950	7,225,325
	Harding Loevner Funds	International Equity Institutional Fund, 78,193 shares	1,225,710	1,373,077
	The Royce Funds	Total Return Investor Fund, 96,536 shares	1,314,239	1,422,939
	The Royce Funds	Smaller Companies Growth Fund, 70 shares	1,166	1,001
	Total mutual funds		15,197,058	20,094,348
	Pooled separate accounts			
*	AON Hewitt Group Trust	Non-U.S. Equity Index Fund, 375,902 shares	4,160,999	4,044,029
*	AON Hewitt Group Trust	Intermediate Credit Bond Fund, 625,777 shares	7,339,324	7,602,825
*	AON Hewitt Group Trust	Large Cap Equity Index Fund, 235,001 shares	4,216,417	4,801,903
*	AON Hewitt Group Trust	Long Credit Bond Fund, 797,993 shares	10,962,594	12,451,210
*	AON Hewitt Group Trust	High Yield Bond Fund, 1,244,722 shares	16,846,168	16,837,343
*	State Street Global Advisors	Passive 1-3 Year US Credit Index NonLending Fund, 605,312 shares	9,706,016	9,761,866
	Total pooled separate accounts		53,231,518	55,499,176

(Continued)

SpartanNash Company Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PERIOD)
DECEMBER 31, 2014
PLAN #001
EIN 38-0593940

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Unallocated insurance contract Aetna Life Insurance Company	Group Annuity Contract No. 003211, interest at 4.69%	\$ 13,963,055	\$ 13,963,055
	Unallocated insurance contract John Hancock Mutual Life Insurance Company	Group Annuity Contract No. 1013, interest at 5.72%	<u>3,617,701</u>	<u>3,786,285</u>
	Total unallocated insurance contracts		17,580,756	17,749,340
*	Money Market Fund Wells Fargo Bank, N.A.	Advantage Prime Investment Money Market Service Institutional Class, 375,152 shares	<u>375,152</u>	<u>375,152</u>
	Total investments		<u><u>\$86,384,484</u></u>	<u><u>\$93,718,016</u></u>

(a) An asterisk in this column identifies a person known to be a party-in-interest to the Plan.

The above information has been certified by Wells Fargo Bank, N.A., custodian of the Plan, as complete and accurate.

Schedule SB Attachment (Form 5500)—2014 Plan Year
SpartanNash Company Pension Plan
EIN: 38-0593940 PN: 001

Schedule SB, line 25—Change in Method

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