

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2016</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>	
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
<b>A</b>	This return/report is for:	<input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a single-employer 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.) <input type="checkbox"/> a DFE (specify) ____
<b>B</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)
<b>C</b>	If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b>	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)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information	
<b>1a</b>	Name of plan <u>SPARTANNASH COMPANY PENSION PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u> <b>1c</b> Effective date of plan <u>03/01/1954</u>
<b>2a</b>	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SPARTANNASH COMPANY</u>  <u>P.O. BOX 8700</u> <u>GRAND RAPIDS, MI 49518</u>	<b>2b</b> Employer Identification Number (EIN) <u>38-0593940</u> <b>2c</b> Plan Sponsor's telephone number <u>616-878-2000</u> <b>2d</b> Business code (see instructions) <u>424400</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2017	KRIS JOHNSON
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 3896
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b> 2508 <b>6a(2)</b> 2273 <b>6b</b> 690 <b>6c</b> 543 <b>6d</b> 3506 <b>6e</b> 109 <b>6f</b> 3615 <b>6g</b> <b>6h</b> 0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (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	<b>9b</b> 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
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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<b>Part III</b>	<b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b>
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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

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

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

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**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<p><b>SCHEDULE A (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2016</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

<p><b>A</b> Name of plan <b>SPARTANNASH COMPANY PENSION PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SPARTANNASH COMPANY</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-0593940</b></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
01-0233346	65838	GAC 1013	39	01/01/2016	12/31/2016

**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	

(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.

<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	
<b>6</b>	Contracts With Allocated Funds:		
<b>a</b>	State the basis of premium rates ▶		
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>	
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b>	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 ▶	<b>6d</b>	
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
<b>7</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input checked="" type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b>	3499408
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	(2) Dividends and credits.....	<b>7c(2)</b>	
	(3) Interest credited during the year.....	<b>7c(3)</b>	145471
	(4) Transferred from separate account .....	<b>7c(4)</b>	
	(5) Other (specify below).....	<b>7c(5)</b>	216698
	▶ MARKET VALUE ADJUSTMENT		
	(6) Total additions .....	<b>7c(6)</b>	362169
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	3861577
<b>e</b>	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	241267
	(2) Administration charge made by carrier.....	<b>7e(2)</b>	17363
	(3) Transferred to separate account.....	<b>7e(3)</b>	
	(4) Other (specify below).....	<b>7e(4)</b>	
	▶		
	(5) Total deductions .....	<b>7e(5)</b>	258630
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	3602947

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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. ▶

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: large;"><b>2016</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

<p><b>A</b> Name of plan <b>SPARTANNASH COMPANY PENSION PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SPARTANNASH COMPANY</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-0593940</b></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  
**AETNA 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
06-6033492	60054	002671-003211	3615	01/01/2016	12/31/2016

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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	

(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	

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

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

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(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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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** 12280510

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	2000000
(2) Dividends and credits.....	<b>7c(2)</b>	
(3) Interest credited during the year.....	<b>7c(3)</b>	468272
(4) Transferred from separate account .....	<b>7c(4)</b>	
(5) Other (specify below) .....	<b>7c(5)</b>	129529

▶ MARKET VALUE ADJUSTMENT

(6) Total additions ..... **7c(6)** 2597801

**d** Total of balance and additions (add lines **7b** and **7c(6)**). ..... **7d** 14878311

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	1025220
(2) Administration charge made by carrier.....	<b>7e(2)</b>	100795
(3) Transferred to separate account.....	<b>7e(3)</b>	2307644
(4) Other (specify below) .....	<b>7e(4)</b>	1483

▶ PRIOR PERIOD INTEREST RATE CHANGES

(5) Total deductions ..... **7e(5)** 3435142

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 11443169

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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

**2016**

**This Form is Open to Public Inspection**

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

▶ **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.

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

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>84895700</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>88724483</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>812</u>	<u>37027968</u>	<u>37027968</u>
<b>b</b> For terminated vested participants .....	<u>576</u>	<u>7871569</u>	<u>7871569</u>
<b>c</b> For active participants .....	<u>2508</u>	<u>28873911</u>	<u>28884249</u>
<b>d</b> Total .....	<u>3896</u>	<u>73773448</u>	<u>73783786</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.78%</u>	
<b>6</b> Target normal cost .....	<b>6</b>	<u>576121</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.

<b>SIGN HERE</b>			
	Signature of actuary	<u>10/04/2017</u>	Date
	<u>RON J. SOLUM</u>	<u>17-06762</u>	Most recent enrollment number
	Type or print name of actuary	<u>847-295-5000</u>	Telephone number (including area code)
	<u>AON CONSULTING INC.</u>		
	Firm name		
	<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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2016  
v. 160205**

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	4858976
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	4858976
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-0.58%</u> .....	0	-28182
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		393487
	<b>b(1)</b> 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>5.99%</u> .....		23570
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		417057
	<b>d</b> Portion of (c) to be added to prefunding balance .....		417057
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	5247851

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	113.13%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	120.24%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	112.54%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0	

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</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
	<b>c</b> 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:

<b>a</b> Segment rates:	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**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**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6).....	<b>31a</b>	576121
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	576121

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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** 0

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

	Carryover balance	Prefunding balance	Total balance
<b>35</b> 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)

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2016</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

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

**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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**(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.	307142	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)

AETNA LIFE INSURANCE COMPANY

06-6033492

(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	119795	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	31646	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)

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	17363	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	16854	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)

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	12850	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"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2016</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NON-US EQUITY INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON HEWITT</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>27-2436452-003</u>	<u>P</u>	<u>8396202</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>HIGH YIELD BOND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON HEWITT</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>27-2436452-004</u>	<u>P</u>	<u>9649031</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INTERMEDIATE CREDIT BOND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON HEWITT</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>27-2436452-008</u>	<u>P</u>	<u>11833556</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PASSIVE 1-3 YEAR US CREDIT INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>04-0025081-445</u>	<u>P</u>	<u>14177749</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SMALL CAP EQUITY INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON HEWITT</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>27-2436452-009</u>	<u>P</u>	<u>21011</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LONG CREDIT BOND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON HEWITT</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>27-2436452-007</u>	<u>P</u>	<u>11957913</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LARGE CAP EQUITY INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AON HEWITT</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>27-2436452-006</u>	<u>P</u>	<u>8648216</u>	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**SCHEDULE H  
(Form 5500)**

Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

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

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

OMB No. 1210-0110

**2016**

**This Form is Open to Public Inspection**

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

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

**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.

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	160	509
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	799229	1871870
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	67755493	64683678
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	16340818	15426526
<b>(15)</b> Other .....	<b>1c(15)</b>		

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities .....	<b>1d(1)</b>	
(2)	Employer real property .....	<b>1d(2)</b>	
<b>e</b>	Buildings and other property used in plan operation .....	<b>1e</b>	
<b>f</b>	Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	84895700 81982583
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable .....	<b>1g</b>	
<b>h</b>	Operating payables .....	<b>1h</b>	
<b>i</b>	Acquisition indebtedness .....	<b>1i</b>	
<b>j</b>	Other liabilities .....	<b>1j</b>	
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0 0
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	84895700 81982583

**Part II Income and Expense Statement**

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

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	
	<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	
	<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	
(2)	Noncash contributions .....	<b>2a(2)</b>	
(3)	Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>	0
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	
	<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	
	<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	
	<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>	
	<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	
	<b>(F)</b> Other .....	<b>2b(1)(F)</b>	
	<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>	3261 3261
(2)	Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>	
	<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	
	<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	
	<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>	
(3)	Rents .....	<b>2b(3)</b>	
(4)	Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	
	<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	
	<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>	
(5)	Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>	
	<b>(B)</b> Other .....	<b>2b(5)(B)</b>	
	<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		4631349
(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)		
c Other income.....	2c		830249
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		5464859

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	7622981	
(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)		7622981
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)	182422	
(2) Contract administrator fees.....	2i(2)	168804	
(3) Investment advisory and management fees.....	2i(3)	154425	
(4) Other .....	2i(4)	249344	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		754995
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		8377976

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		-2913117
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: 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
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....	4c	X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....	4d	X	
<b>e</b> Was this plan covered by a fidelity bond? .....	4e	X	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	4f	X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....	4g	X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....	4h	X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	4i	X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) .....	4j	X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	4k	X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	4l	X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	4m	X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....	4n		
<b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....	4o		

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3994166. (See instructions.)

**Part V Trust Information**

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

**SCHEDULE R  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2016**

**This Form is Open to Public Inspection.**

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

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

**Part I Distributions**

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

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 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** 242

**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.**

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

**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

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

**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 \_\_\_\_\_

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(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:

<b>a</b> The current year.....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year.....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

**20a** Is the plan a 401(k) plan? If "No," skip b  Yes  No

**20b** How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:  Design-based safe harbor  "Prior year" ADP test  "Current year" ADP test  N/A

**21a** What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  Ratio percentage test  Average benefit test  N/A

**21b** Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?  Yes  No

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

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

SpartanNash  
Company  
Pension Plan



Years Ended  
December 31,  
2016 and 2015

Financial  
Statements  
and  
Supplementary  
Information

# SpartanNash Company Pension Plan

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**INDEPENDENT AUDITORS' REPORT**

October 10, 2017

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

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of *SpartanNash Company Pension Plan* (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for years then ended, and the statements of accumulated plan benefits as of December 31, 2015 and 2014, and the related statements of changes in accumulated plan benefits for years then ended, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal 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 financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodian as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan Administrator by the custodian is complete and accurate.

### ***Disclaimer of Opinion***

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

### ***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, 2016, 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 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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.

*Rehmann Lobson LLC*

# SpartanNash Company Pension Plan

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	December 31	
	2016	2015
<b>Investments at fair value</b>		
Money market fund	\$ 1,871,870	\$ 799,229
Unallocated insurance contract	3,602,947	3,642,183
Pooled separate accounts	64,683,678	67,755,493
<b>Total investments at fair value</b>	<b>70,158,495</b>	<b>72,196,905</b>
Fully benefit-responsive investment contract with an insurance company at contract value	11,823,579	12,698,635
<b>Total investments</b>	<b>81,982,074</b>	<b>84,895,540</b>
<b>Other assets</b>		
Accrued interest and dividends	509	160
<b>Total assets (equal to net assets available for benefits)</b>	<b>\$81,982,583</b>	<b>\$84,895,700</b>

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	
	2016	2015
<b>Additions to net assets attributed to</b>		
<b>Investment income</b>		
Net appreciation (depreciation) in fair value of investments	\$ 4,835,936	\$ (979,437)
Interest and dividends	628,923	697,152
<b>Total investment income (loss)</b>	<b>5,464,859</b>	<b>(282,285)</b>
Employer contributions	-	400,000
<b>Total additions to net assets</b>	<b>5,464,859</b>	<b>117,715</b>
<b>Deductions from net assets attributed to</b>		
Benefits paid to participants	(7,622,981)	(8,384,465)
Administrative expenses	(754,995)	(805,575)
<b>Total deductions</b>	<b>(8,377,976)</b>	<b>(9,190,040)</b>
<b>Net decrease</b>	<b>(2,913,117)</b>	<b>(9,072,325)</b>
<b>Net assets available for benefits</b>		
Beginning of period	84,895,700	93,968,025
<b>End of period</b>	<b>\$81,982,583</b>	<b>\$84,895,700</b>

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

## SpartanNash Company Pension Plan

### STATEMENTS OF ACCUMULATED PLAN BENEFITS

	December 31	
	2015	2014
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 40,944,425	\$ 41,510,882
Other participants	39,092,857	40,685,798
Total vested benefits	<u>80,037,282</u>	<u>82,196,680</u>
Nonvested benefits	7,317	9,576
Total actuarial present value of accumulated plan benefits	<u>\$80,044,599</u>	<u>\$82,206,256</u>

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

## SpartanNash Company Pension Plan

### STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

	Year Ended December 31	
	2015	2014
<b>Increase (decrease) during the year attributable to</b>		
Benefits accumulated	\$ 801,463	\$ (329,005)
Interest	4,293,857	2,877,979
Benefits paid	(8,384,465)	(10,188,681)
Change in assumptions	1,127,488	2,506,922
<b>Net decrease before Plan transfer</b>	<b>(2,161,657)</b>	<b>(5,132,785)</b>
Transfer from Retirement Plan for Employees of Super Food Services, Inc. (Note 1)	-	33,948,913
<b>Net (decrease) increase</b>	<b>(2,161,657)</b>	<b>28,816,128</b>
<b>Actuarial present value of accumulated plan benefits</b>		
Beginning of year	82,206,256	53,390,128
<b>End of year</b>	<b>\$80,044,599</b>	<b>\$82,206,256</b>

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 Plan includes the participants and assets of two legacy plans which merged following the merger of their Sponsors. The Retirement Plan for Employees of Super Food Services, Inc. (the “Super Food Plan”) was merged into the Spartan Stores, Inc. Cash Balance Pension Plan (the “Spartan Stores Plan”) at the close of business on December 31, 2014, and its assets and accumulated benefits were transferred. Effective January 1, 2015, the name of the merged Plan was changed to the “SpartanNash Company Pension Plan.”

#### Description of the Plan

##### *General*

The Plan, as amended, is a defined benefit, non-contributory plan, covering qualifying employees of SpartanNash Company and participating subsidiaries (the “Company” or “Sponsor”). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Effective April 1, 1998, the Spartan Stores Plan was amended to become a cash balance pension plan.

The Plan applies to different groups of associates. These groups of associates, Spartan Stores Plan participants and Super Food Plan participants, may be subject to different terms and conditions of the Plan.

Interest credits are added to a Spartan Stores Plan 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 3 months ending in November of the prior calendar year subject to a minimum rate of 2.05%. There is no interest credit provision for participants of the Super Foods Plan.

##### *Eligibility*

Effective December 31, 2010, the Spartan Stores Plan was frozen and associates who were not a participant on December 31, 2010, shall not become a participant in the Plan. The Super Food Plan was frozen for employees who were participants on December 31, 1997.

##### *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 2016 and 2015.

# SpartanNash Company Pension Plan

## NOTES TO FINANCIAL STATEMENTS

### *Pension Benefits*

Normal retirement age is 65, but the Spartan Stores Plan permits early retirement at ages 55 to 64 with 10 years of vested service. 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, or that have attained normal retirement age, 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.

Under the Super Food Plan, annual retirement benefits for participants retiring on or after age 62 are equal to 1% of average yearly earnings for the five consecutive years with the highest average annual earnings of the last ten years preceding retirement, up to the covered compensation breakpoint, plus 1.4% of average compensation in excess of the covered compensation breakpoint times the years of credited service (not to exceed 35 years), plus (for non-highly compensated participants) \$120 multiplied by the years of credited service in excess of 35 years. Normal retirement age is 65, but participants can retire at age 62 with no reduction in benefits or at ages 55 through 61 with reduced retirement benefits.

### *Disability Benefits*

In cases of total and permanent disability, participants under the Spartan Stores Plan can elect to receive benefit payments on the first day of the month after the participant becomes disabled as defined under the Plan. There is no such provision for the Super Food Plan participants.

### *Death Benefits*

If a vested employee under the Spartan Stores Plan 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.

For participants under the Super Food Plan, upon the death of a retired participant, the spouse will be entitled to death benefits in accordance with the benefit option selected by the participant. Upon the death of an active or late retired participant, the spouse is entitled to a survivor annuity death benefit contingent upon the associate having reached the earlier of age 55 or age 50 with 15 years of service. The spouse's pension benefit is equal to 50% (less 0.5% for each year that the spouse was more than five years younger than the employee) times the accrued pension the employee had earned up to the date of death (not to exceed a 10% reduction).

# SpartanNash Company Pension Plan

## NOTES TO FINANCIAL STATEMENTS

### *Vesting*

Effective April 1, 2008, participants under the Spartan Stores Plan are fully vested after three years of vested service. All participants of the Super Food Plan were fully vested as of December 31, 1997.

### *Administrative Expenses*

The Plan's administrative expenses are paid either by the Plan or the Company, as provided by the Plan document. Certain 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. Expenses that are paid directly by the Company are excluded from these financial statements. Fees for custodial, actuarial, auditing, legal and recordkeeping services are paid by the Plan.

## Summary of Significant Accounting Policies

### *Basis of Accounting*

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

Investments held by a defined benefit plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of net assets available for benefits of a defined benefit plan attributable to fully benefit-responsive investment contracts because contract value is the amount the Plan normally would receive if it were to initiate permitted transactions under the terms of the contracts.

### *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, liabilities and changes therein, disclosures of contingent assets and liabilities and the actuarial present value of accumulated plan benefits as of the date of the financial statements and changes therein. Actual results may differ from those estimates.

### *Investment Valuation and Income Recognition*

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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. The Retirement Committee of the Company 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.

# SpartanNash Company Pension Plan

## NOTES TO FINANCIAL STATEMENTS

Management fees and operating expenses charged to the Plan for investments in mutual funds, the unallocated insurance contract 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 Spartan Stores 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 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.

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.

# SpartanNash Company Pension Plan

## NOTES TO FINANCIAL STATEMENTS

The significant actuarial assumptions used in the valuation were as follows as of December 31:

	2015	2014																																														
Investment return	5.05% per annum compounded annually	5.50% per annum compounded annually																																														
Life expectancy of participants	2016 Static Mortality Table	2006 base rates from RP-2014 mortality study project with generational mortality improvement from 2006 with scale MP-2014																																														
Retirement rate probability of active participants	<table border="0"> <tr><td>Age 55</td><td>5% to 10%</td></tr> <tr><td>Age 56 to 58</td><td>5%</td></tr> <tr><td>Age 59</td><td>5% to 10%</td></tr> <tr><td>Age 60</td><td>10%</td></tr> <tr><td>Age 61</td><td>10% to 15%</td></tr> <tr><td>Age 62</td><td>15% to 25%</td></tr> <tr><td>Age 63</td><td>10% to 15%</td></tr> <tr><td>Age 64</td><td>20%</td></tr> <tr><td>Age 65</td><td>25% to 50%</td></tr> <tr><td>Age 66 to 69</td><td>10% to 25%</td></tr> <tr><td>Age 70</td><td>25 - 100%</td></tr> <tr><td>Age 71+</td><td>100%</td></tr> </table>	Age 55	5% to 10%	Age 56 to 58	5%	Age 59	5% to 10%	Age 60	10%	Age 61	10% to 15%	Age 62	15% to 25%	Age 63	10% to 15%	Age 64	20%	Age 65	25% to 50%	Age 66 to 69	10% to 25%	Age 70	25 - 100%	Age 71+	100%	<table border="0"> <tr><td>Age 55</td><td>5% to 10%</td></tr> <tr><td>Age 56 to 58</td><td>5%</td></tr> <tr><td>Age 59</td><td>5% to 10%</td></tr> <tr><td>Age 60</td><td>10%</td></tr> <tr><td>Age 61</td><td>5% to 10%</td></tr> <tr><td>Age 62</td><td>15% to 25%</td></tr> <tr><td>Age 63</td><td>10% to 15%</td></tr> <tr><td>Age 64</td><td>20%</td></tr> <tr><td>Age 65</td><td>25% to 50%</td></tr> <tr><td>Age 66 to 70</td><td>10% to 25%</td></tr> <tr><td>Age 71+</td><td>100%</td></tr> </table>	Age 55	5% to 10%	Age 56 to 58	5%	Age 59	5% to 10%	Age 60	10%	Age 61	5% to 10%	Age 62	15% to 25%	Age 63	10% to 15%	Age 64	20%	Age 65	25% to 50%	Age 66 to 70	10% to 25%	Age 71+	100%
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Age 66 to 70	10% to 25%																																															
Age 71+	100%																																															
Discount rate	4.04% per annum	3.75% 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.

### ***Contributions***

Employer contributions are recorded in the period in which they become the obligations of the Company.

### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

# SpartanNash Company Pension Plan

## NOTES TO FINANCIAL STATEMENTS

### *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, 2016, the most recent statement of net assets available for benefits presented herein, through October 10, 2017, the date these financial statements were available to be issued. No such significant events or transactions were identified.

## 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 statements of net assets available for benefits as of December 31, 2016 and 2015, (2) the December 31, 2016, supplemental schedules of assets (held at end of year) and reportable transactions for the year then ended, (3) the changes in the fair value of the Plan's Level 3 assets in Note 3, (4) the related investment activity reflected in the statements of changes in net assets available for benefits during 2016 and 2015, and (5) the information presented in Note 4.

The Plan holds investments in a fully-benefit responsive contract with Aetna Life Insurance Company ("Aetna"). The 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 insurance contract, was \$10,970,901 and \$11,615,286 at December 31, 2016 and 2015, respectively.

## 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

# SpartanNash Company Pension Plan

## NOTES TO FINANCIAL STATEMENTS

- 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, 2016 and 2015.

*Pooled separate accounts:* These investments are valued using the NAV ("Net Asset Value") of units held by the Plan at year end as provided by Wells Fargo Bank, N.A. and are not classified in the fair value hierarchy. 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.

*Money market fund:* Shares held in a money market fund 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:* 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.

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 Plan management 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.

## SpartanNash Company Pension Plan

### NOTES TO FINANCIAL STATEMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

2016	Level 1	Level 2	Level 3	NAV (1)	Total
Pooled separate accounts	\$ -	\$ -	\$ -	\$ 64,683,678	\$ 64,683,678
Unallocated insurance contract	-	-	3,602,947	-	3,602,947
Money market fund	-	<u>1,871,870</u>	-	-	<u>1,871,870</u>
<b>Total investments, at fair value</b>	<b><u>\$ -</u></b>	<b><u>\$ 1,871,870</u></b>	<b><u>\$ 3,602,947</u></b>	<b><u>\$ 64,683,678</u></b>	<b><u>\$ 70,158,495</u></b>

2015	Level 1	Level 2	Level 3	NAV (1)	Total
Pooled separate accounts	\$ -	\$ -	\$ -	\$ 67,755,493	\$ 67,755,493
Unallocated insurance contract	-	-	3,642,183	-	3,642,183
Money market fund	-	<u>799,229</u>	-	-	<u>799,229</u>
<b>Total investments, at fair value</b>	<b><u>\$ -</u></b>	<b><u>\$ 799,229</u></b>	<b><u>\$ 3,642,183</u></b>	<b><u>\$ 67,755,493</u></b>	<b><u>\$ 72,196,905</u></b>

(1) Pooled separate accounts are measured at the NAV (or its equivalent) on a non-active market and therefore have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no transfers of assets between levels for the years ended December 31, 2016 and 2015.

# SpartanNash Company Pension Plan

## NOTES TO FINANCIAL STATEMENTS

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31:

	Unallocated Insurance Contract	
	2016	2015
Balance, beginning of year	\$ 3,642,183	\$ 3,786,285
Realized gains	145,471	166,387
Unrealized gain (loss) relating to instruments still held at the reporting date	73,923	(25,809)
Sales	(241,267)	(265,682)
Administrative charges	(17,363)	(18,998)
<b>Balance, end of year</b>	<b><u>\$ 3,602,947</u></b>	<b><u>\$ 3,642,183</u></b>

The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date.	<u>\$ 73,923</u>	<u>\$ (25,809)</u>
--	------------------	--------------------

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:

Instrument	2016			
	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Weighted Average and/or Range of Significant Input Values

Unallocated insurance contract with John Hancock	\$ 3,602,947	Discounted cash flow	Discount rate	4.65%
			Duration	6-10 years

Instrument	2015			
	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Weighted Average and/or Range of Significant Input Values

Unallocated insurance contract with John Hancock	\$ 3,642,183	Discounted cash flow	Discount rate	4.68%
			Duration	6-10 years

## SpartanNash Company Pension Plan

### NOTES TO FINANCIAL STATEMENTS

The following tables set 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	2016			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	\$ 64,683,678	\$ -	Daily	Daily

Investment Type	2015			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	\$ 67,755,493	\$ -	Daily	Daily

The following is a description of the investment strategy for investments in certain entities that calculate net asset value per share (or its equivalent) at December 31, 2016 and 2015:

*Pooled separate accounts:* These funds include investments that seek to provide long-term capital growth, current income, or capital appreciation by investing primarily in the equity securities of mid to large-sized companies, short-term investments using index funds, and stocks of companies contained in the S&P 500 stock index and are perceived by the manager of the funds to have excellent growth potential.

#### 4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has a fully benefit-responsive investment contract with Aetna that is a traditional investment contract. The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for a fully benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The contract value was \$11,823,579 and \$12,968,635 as of December 31, 2016 and 2015, respectively.

The traditional investment contract held by the Plan is a guaranteed investment contract. The crediting rate is based on a formula established by the contract issuer but may not be less than 3.5%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

# SpartanNash Company Pension Plan

## NOTES TO FINANCIAL STATEMENTS

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

- 1) The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code.
- 2) Premature termination of the contracts.
- 3) Plan termination or merger.
- 4) Changes to the Plan's prohibition on competing investment options.
- 5) Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

Plan management believes that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

- 1) An uncured violation of the Plan's investment guidelines.
- 2) A breach of material obligation under the contract.
- 3) A material misrepresentation.
- 4) A material amendment to the agreements without the consent of the issuer.

## 5. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Investments held by the Plan are managed by Wells Fargo Bank, N.A., custodian of the Plan as of December 31, 2016 and 2015. Such investments fall within the investment guidelines of the Plan and are considered related party transactions. Fees paid by the Plan to the custodian amounted to \$30,987 and \$38,168 for 2016 and 2015, respectively. Fees paid by the Plan for actuarial, legal, and other recordkeeping services amounted to \$724,008 and \$767,407 for 2016 and 2015, respectively. Fees paid by the Plan for investment management services are included in net appreciation (depreciation) in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

# SpartanNash Company Pension Plan

## NOTES TO FINANCIAL STATEMENTS

### 6. TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated September 13, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). 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 IRC and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, 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 2013.

### 7. 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.

Benefits to be provided via the contract under which Aetna (Note 4) is obligated to pay the benefits would be excluded for allocation purposes.

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.

# SpartanNash Company Pension Plan

## NOTES TO FINANCIAL STATEMENTS

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.

### 8. 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 this investment.

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, 2016**  
**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
	Pooled separate accounts			
*	AON Hewitt Group Trust	Non-U.S. Equity Index Fund, 786,932 Units	\$ 8,472,114	\$ 8,396,202
*	AON Hewitt Group Trust	Small Cap Equity Index Fund, 940 Units	18,427	21,011
*	AON Hewitt Group Trust	Intermediate Credit Bond Fund, 922,476 Units	11,229,776	11,833,556
*	AON Hewitt Group Trust	Large Cap Equity Index Fund, 372,456 Units	7,542,487	8,648,216
*	AON Hewitt Group Trust	Long Credit Bond Fund, 721,268 Units	10,085,580	11,957,913
*	AON Hewitt Group Trust	High Yield Bond Fund, 671,148 Units	9,083,002	9,649,031
*	State Street Global Advisors	Passive 1-3 Year US Credit Index NonLending Fund, 853,412 Units	<u>13,836,636</u>	<u>14,177,749</u>
	Total pooled separate accounts		60,268,022	64,683,678
*	Fully benefit-responsive investment contract with Aetna Life Insurance Company	Group Annuity Contract No. 003211, interest at 4.05%	11,823,579	11,823,579
*	Unallocated insurance contract John Hancock Mutual Life Insurance Company	Group Annuity Contract No. 1013, interest at 4.41%	3,400,611	3,602,947
*	Money Market Fund Wells Fargo Bank, N.A.	Advantage Prime Investment Money Market Service Institutional Class, 1,871,870 shares	<u>1,871,870</u>	<u>1,871,870</u>
	<b>Total investments</b>		<b><u><u>\$77,364,082</u></u></b>	<b><u><u>\$81,982,074</u></u></b>

(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, 2016**  
**PLAN #001**  
**EIN 38-0593940**

(a) Identity of Party Involved (b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
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:					
Wells Fargo Bank					
Large Cap Equity Index Fund					
5 sales	\$ -	\$ 10,310,000	\$ 9,943,047	\$ 10,310,000	\$ 366,953
Wells Fargo Bank					
High Yield Bond Fund					
5 sales	-	6,400,000	6,310,159	6,400,000	89,841
Wells Fargo Bank					
Intermediate Credit Bond Fund					
3 purchases	5,584,000	-	5,584,000	5,584,000	-
4 sales	-	900,000	859,642	900,000	40,358
Wells Fargo Bank					
WF HERITAGE MM FD-INSTL #3106					
13 purchases	11,121,872	-	11,121,872	11,121,872	-
66 sales	-	11,921,108	11,921,108	11,921,108	-
Wells Fargo Bank					
SSGA PASSIVE 1-3 YR US CREDIT INDEX					
3 purchases	5,755,000	-	5,755,000	5,755,000	-
5 sales	-	1,203,164	1,179,493	1,203,164	23,671
Wells Fargo Bank					
WFB COLLATERALIZED INST BANK					
DEP A/C					
6 purchases	2,635,328	-	2,635,328	2,635,328	-
26 sales	-	2,635,328	2,635,328	2,635,328	-

There were no reportable transactions under categories a), b), or d) during 2016.

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)—2016 Plan Year  
 SpartanNash Company Pension Plan  
 EIN: 38-0593940 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

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										
25-29			61 \$770	10	3					
30-34		1	108 \$1,523	48 \$3,323	31 \$5,309					
35-39			73 \$1,980	32 \$5,462	58 \$6,356	17				
40-44		1	91 \$2,441	35 \$8,254	42 \$11,680	37 \$10,397	5			
45-49			139 \$2,716	34 \$5,733	52 \$10,745	39 \$11,854	42 \$18,729	14		
50-54			170 \$2,743	61 \$11,721	88 \$14,704	61 \$19,639	54 \$22,097	38 \$32,105	12	
55-59			213 \$2,590	46 \$10,651	86 \$14,516	61 \$10,560	55 \$28,713	23 \$54,128	27 \$66,282	13
60-64		1	147 \$2,661	51 \$12,650	66 \$14,042	33 \$14,856	29 \$51,118	14	20 \$110,558	20 \$84,853
65-69			45 \$1,901	7	15	10	8	5	5	1
70+			19	4	13	4	1	6	2	1

N-2.508

Schedule SB Attachment (Form 5500)—2016 Plan Year  
SpartanNash Company Pension Plan  
EIN: 38-0593940 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Cash Balance Interest Crediting Rate	3.00%
Optional Form Election Percentage	
Legacy Spartan Stores, Inc. Participants	100% Lump Sum Payment
Legacy Super Foods Services, Inc. Participants	50% ten-year certain only annuity 25% single life annuity 20% joint and 50% survivor annuity 5% ten-year certain and life annuity
Retirement Age	
Active Participants	See Tables 1–2
Terminated Vested Participants	
Legacy Spartan Stores, Inc. Participants	Age 63
Legacy Super Foods Services, Inc. Participants	Age 62
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Tables 3–5
Disability Rates	
Legacy Spartan Stores, Inc. Participants	See Table 6
Legacy Super Foods Services, Inc. Participants	None

Schedule SB Attachment (Form 5500)—2016 Plan Year  
 SpartanNash Company Pension Plan  
 EIN: 38-0593940 PN: 001

For ERISA Requirements

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  
 Legacy Spartan Stores, Inc. Participants 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.

Legacy Super Foods Services, Inc. Participants It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are two 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 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  
 2014 Plan Year  
     Legacy CBPP Assets 5.95%  
     Legacy SF Assets 5.70%  
 2015 Plan Year 5.50%  
 2016 Plan Year 5.05%

Trust Expenses Included in Target Normal Cost \$576,121. 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, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year  
SpartanNash Company Pension Plan  
EIN: 38-0593940 PN: 001

Table 1

**Retirement Rates – Legacy CBPP Participants**

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

Schedule SB Attachment (Form 5500)—2016 Plan Year  
SpartanNash Company Pension Plan  
EIN: 38-0593940 PN: 001

Table 2

**Retirement Rates – Legacy SF Participants**

<b><u>Age</u></b>	<b><u>Rate</u></b>
55	10.00%
56	5.00%
57	5.00%
58	5.00%
59	10.00%
60	10.00%
61	15.00%
62	25.00%
63	10.00%
64	20.00%
65	50.00%
66	10.00%
67	10.00%
68	10.00%
69	10.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year  
 SpartanNash Company Pension Plan  
 EIN: 38-0593940 PN: 001

Table 3

**Withdrawal Rates - Legacy CBPP Participants (Corporate)**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	17.50%	45	5.50%
16	17.50%	46	5.50%
17	17.50%	47	5.50%
18	17.50%	48	5.50%
19	17.50%	49	5.50%
20	17.50%	50	5.50%
21	17.50%	51	5.50%
22	16.70%	52	5.50%
23	15.80%	53	5.50%
24	15.10%	54	5.50%
25	14.30%	55	5.50%
26	13.60%	56	5.50%
27	12.80%	57	5.50%
28	12.10%	58	5.50%
29	11.50%	59	5.50%
30	10.80%	60	5.50%
31	10.20%	61	5.50%
32	9.60%	62	15.00%
33	9.00%	63	15.00%
34	8.50%	64	15.00%
35	7.90%	65+	15.00%
36	7.40%		
37	6.90%		
38	6.50%		
39	6.00%		
40	5.60%		
41	5.50%		
42	5.50%		
43	5.50%		
44	5.50%		

Schedule SB Attachment (Form 5500)—2016 Plan Year  
 SpartanNash Company Pension Plan  
 EIN: 38-0593940 PN: 001

Table 4

**Withdrawal Rates - Legacy CBPP Participants (Retail)**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	21.30%	45	8.00%
16	21.30%	46	8.00%
17	21.30%	47	6.00%
18	21.30%	48	6.00%
19	21.30%	49	6.00%
20	21.30%	50	6.00%
21	21.30%	51	6.00%
22	21.30%	52	6.00%
23	25.00%	53	6.00%
24	25.00%	54	6.00%
25	25.00%	55	6.00%
26	16.00%	56	8.00%
27	16.00%	57	8.00%
28	16.00%	58	8.00%
29	14.00%	59	10.00%
30	14.00%	60	10.00%
31	14.00%	61	10.00%
32	10.00%	62	15.00%
33	10.00%	63	15.00%
34	10.00%	64	15.00%
35	8.00%	65+	15.00%
36	8.00%		
37	8.00%		
38	8.00%		
39	8.00%		
40	8.00%		
41	8.00%		
42	8.00%		
43	8.00%		
44	8.00%		

Schedule SB Attachment (Form 5500)—2016 Plan Year  
 SpartanNash Company Pension Plan  
 EIN: 38-0593940 PN: 001

Table 5

**Withdrawal Rates - Legacy SF Participants**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	9.9384%	45	6.3540%
16	9.9384%	46	6.0053%
17	9.9384%	47	5.6227%
18	9.9384%	48	5.2000%
19	9.9384%	49	4.7337%
20	9.9384%	50	4.2247%
21	9.8898%	51	3.6823%
22	9.8398%	52	3.1228%
23	9.7877%	53	2.5661%
24	9.7331%	54	2.0347%
25	9.6742%	55	1.5488%
26	9.3906%	56	1.1247%
27	9.5438%	57	0.7718%
28	9.4704%	58	0.4939%
29	9.3906%	59	0.2879%
30	9.3031%	60	0.1465%
31	9.2065%	61	0.0594%
32	9.1000%	62	0.0152%
33	8.9820%	63	0.0000%
34	8.8511%	64	0.0000%
35	8.7062%	65+	0.0000%
36	8.5466%		
37	8.3717%		
38	8.1815%		
39	7.9756%		
40	7.7543%		
41	7.5151%		
42	7.2556%		
43	6.9760%		
44	6.6758%		

Schedule SB Attachment (Form 5500)—2016 Plan Year  
 SpartanNash Company Pension Plan  
 EIN: 38-0593940 PN: 001

Table 6

**Disability Rates - Legacy CBPP Participants**

<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
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%			

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2016</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.)
	<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)

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
<b>1a</b> Name of plan SPARTANNASH COMPANY PENSION PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
	<b>1c</b> Effective date of plan 03/01/1954
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SPARTANNASH COMPANY  P.O. BOX 8700  GRAND RAPIDS MI 49518	<b>2b</b> Employer Identification Number (EIN) 38-0593940
	<b>2c</b> Plan Sponsor's telephone number 616-878-2000
	<b>2d</b> 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.

<b>SIGN HERE</b>		<u>10/12/17</u>	KRIS JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>10/12/17</u>	KRIS JOHNSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

# SpartanNash Company Pension Plan

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR ENDED DECEMBER 31, 2016**  
**PLAN #001**  
**EIN 38-0593940**

(a) Identity of Party Involved (b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
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:					
Wells Fargo Bank					
Large Cap Equity Index Fund					
5 sales	\$ -	\$ 10,310,000	\$ 9,943,047	\$ 10,310,000	\$ 366,953
Wells Fargo Bank					
High Yield Bond Fund					
5 sales	-	6,400,000	6,310,159	6,400,000	89,841
Wells Fargo Bank					
Intermediate Credit Bond Fund					
3 purchases	5,584,000	-	5,584,000	5,584,000	-
4 sales	-	900,000	859,642	900,000	40,358
Wells Fargo Bank					
WF HERITAGE MM FD-INSTL #3106					
13 purchases	11,121,872	-	11,121,872	11,121,872	-
66 sales	-	11,921,108	11,921,108	11,921,108	-
Wells Fargo Bank					
SSGA PASSIVE 1-3 YR US CREDIT INDEX					
3 purchases	5,755,000	-	5,755,000	5,755,000	-
5 sales	-	1,203,164	1,179,493	1,203,164	23,671
Wells Fargo Bank					
WFB COLLATERALIZED INST BANK					
DEP A/C					
6 purchases	2,635,328	-	2,635,328	2,635,328	-
26 sales	-	2,635,328	2,635,328	2,635,328	-

There were no reportable transactions under categories a), b), or d) during 2016.

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

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2016</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

- **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.

<b>A</b> Name of plan SPARTANNASH COMPANY PENSION PLAN	<b>B</b> Three-digit plan number (PN) ►	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SPARTANNASH COMPANY	<b>D</b> Employer Identification Number (EIN) 38-0593940	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> 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 01 Day 01 Year 2016

<b>2</b> Assets:		
<b>a</b> Market value.....	<b>2a</b>	84,895,700
<b>b</b> Actuarial value.....	<b>2b</b>	88,724,483

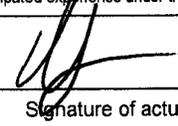
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	812	37,027,968	37,027,968
<b>b</b> For terminated vested participants.....	576	7,871,569	7,871,569
<b>c</b> For active participants.....	2,508	28,873,911	28,884,249
<b>d</b> Total.....	3,896	73,773,448	73,783,786

<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>	
<b>b</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.....	<b>4b</b>	

<b>5</b> Effective interest rate.....		5.78%
<b>6</b> Target normal cost.....	<b>6</b>	576,121

**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.

<b>SIGN HERE</b>	RON J. SOLUM 	
	Signature of actuary	10/04/2017
		Date
RON J. SOLUM		1706762
	Type or print name of actuary	Most recent enrollment number
AON CONSULTING INC.		847-295-5000
	Firm name	Telephone number (including area code)
4 OVERLOOK POINT		
LINCOLNSHIRE IL 60069		
	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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	4,858,976
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8).....	0	4,858,976
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-0.58%</u> .....	0	-28,182
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		393,487
	<b>b(1)</b> 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>5.99%</u> .....		23,570
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		417,057
	<b>d</b> Portion of (c) to be added to prefunding balance.....		417,057
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	5,247,851

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	113.13%
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	120.24%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	112.54%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and Liquidity Shortfalls</b>			
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
					0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>b</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
	<b>c</b> 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: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

**b** Applicable month (enter code)..... **21b** 4

**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** 576,121

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 576,121

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment.....	0	0
<b>b</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** 0

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

	Carryover balance	Prefunding balance	Total balance
<b>35</b> 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**

Schedule SB Attachment (Form 5500)—2016 Plan Year  
SpartanNash Company Pension Plan  
EIN: 38-0593940 PN: 001

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	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	10.00%	0.7738	4.68
61.5	10.00%	0.6964	4.28
62.5	15.00%	0.6268	5.88
63.5	15.00%	0.5327	5.07
64.5	20.00%	0.4528	5.84
65.5	25.00%	0.3623	5.93
66.5	25.00%	0.2717	4.52
67.5	25.00%	0.2038	3.44
68.5	25.00%	0.1528	2.62
69.5	25.00%	0.1146	1.99
70.5	25.00%	0.0860	1.52
71	100.00%	0.0645	4.58
Weighted Average			63.33
Number of Active Participants			2,458

Retirements - Legacy SF Participants			(d)
(a) Age	(b) Rate	(c) Weight	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	25.00%	0.5313	8.30
63.5	10.00%	0.3985	2.53
64.5	20.00%	0.3586	4.63
65.5	50.00%	0.2869	9.40
66.5	10.00%	0.1434	0.95
67.5	10.00%	0.1291	0.87
68.5	10.00%	0.1162	0.80
69.5	10.00%	0.1046	0.73
70	100.00%	0.0941	6.59
Weighted Average			62.29
Number of Active Participants			50
Weighted Average (2,458 × 63.33 + 50 × 62.29)/2,508			63.31

Schedule SB Attachment (Form 5500)—2016 Plan Year  
SpartanNash Company Pension Plan  
EIN: 38-0593940 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Cash Balance Interest Crediting Rate	3.00%
Optional Form Election Percentage	
Legacy Spartan Stores, Inc. Participants	100% Lump Sum Payment
Legacy Super Foods Services, Inc. Participants	50% ten-year certain only annuity 25% single life annuity 20% joint and 50% survivor annuity 5% ten-year certain and life annuity
Retirement Age	
Active Participants	See Tables 1–2
Terminated Vested Participants	
Legacy Spartan Stores, Inc. Participants	Age 63
Legacy Super Foods Services, Inc. Participants	Age 62
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Tables 3–5
Disability Rates	
Legacy Spartan Stores, Inc. Participants	See Table 6
Legacy Super Foods Services, Inc. Participants	None

Schedule SB Attachment (Form 5500)—2016 Plan Year  
 SpartanNash Company Pension Plan  
 EIN: 38-0593940 PN: 001

For ERISA Requirements

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  
 Legacy Spartan Stores, Inc. Participants 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.

Legacy Super Foods Services, Inc. Participants It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are two 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 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  
 2014 Plan Year  
     Legacy CBPP Assets 5.95%  
     Legacy SF Assets 5.70%  
 2015 Plan Year 5.50%  
 2016 Plan Year 5.05%

Trust Expenses Included in Target Normal Cost \$576,121. 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, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year  
SpartanNash Company Pension Plan  
EIN: 38-0593940 PN: 001

Table 1

**Retirement Rates – Legacy CBPP Participants**

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

Schedule SB Attachment (Form 5500)—2016 Plan Year  
SpartanNash Company Pension Plan  
EIN: 38-0593940 PN: 001

Table 2

**Retirement Rates – Legacy SF Participants**

<b><u>Age</u></b>	<b><u>Rate</u></b>
55	10.00%
56	5.00%
57	5.00%
58	5.00%
59	10.00%
60	10.00%
61	15.00%
62	25.00%
63	10.00%
64	20.00%
65	50.00%
66	10.00%
67	10.00%
68	10.00%
69	10.00%
70+	100.00%

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Table 3

**Withdrawal Rates - Legacy CBPP Participants (Corporate)**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	17.50%	45	5.50%
16	17.50%	46	5.50%
17	17.50%	47	5.50%
18	17.50%	48	5.50%
19	17.50%	49	5.50%
20	17.50%	50	5.50%
21	17.50%	51	5.50%
22	16.70%	52	5.50%
23	15.80%	53	5.50%
24	15.10%	54	5.50%
25	14.30%	55	5.50%
26	13.60%	56	5.50%
27	12.80%	57	5.50%
28	12.10%	58	5.50%
29	11.50%	59	5.50%
30	10.80%	60	5.50%
31	10.20%	61	5.50%
32	9.60%	62	15.00%
33	9.00%	63	15.00%
34	8.50%	64	15.00%
35	7.90%	65+	15.00%
36	7.40%		
37	6.90%		
38	6.50%		
39	6.00%		
40	5.60%		
41	5.50%		
42	5.50%		
43	5.50%		
44	5.50%		

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Table 4

**Withdrawal Rates - Legacy CBPP Participants (Retail)**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	21.30%	45	8.00%
16	21.30%	46	8.00%
17	21.30%	47	6.00%
18	21.30%	48	6.00%
19	21.30%	49	6.00%
20	21.30%	50	6.00%
21	21.30%	51	6.00%
22	21.30%	52	6.00%
23	25.00%	53	6.00%
24	25.00%	54	6.00%
25	25.00%	55	6.00%
26	16.00%	56	8.00%
27	16.00%	57	8.00%
28	16.00%	58	8.00%
29	14.00%	59	10.00%
30	14.00%	60	10.00%
31	14.00%	61	10.00%
32	10.00%	62	15.00%
33	10.00%	63	15.00%
34	10.00%	64	15.00%
35	8.00%	65+	15.00%
36	8.00%		
37	8.00%		
38	8.00%		
39	8.00%		
40	8.00%		
41	8.00%		
42	8.00%		
43	8.00%		
44	8.00%		

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Table 5

**Withdrawal Rates - Legacy SF Participants**

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	9.9384%	45	6.3540%
16	9.9384%	46	6.0053%
17	9.9384%	47	5.6227%
18	9.9384%	48	5.2000%
19	9.9384%	49	4.7337%
20	9.9384%	50	4.2247%
21	9.8898%	51	3.6823%
22	9.8398%	52	3.1228%
23	9.7877%	53	2.5661%
24	9.7331%	54	2.0347%
25	9.6742%	55	1.5488%
26	9.3906%	56	1.1247%
27	9.5438%	57	0.7718%
28	9.4704%	58	0.4939%
29	9.3906%	59	0.2879%
30	9.3031%	60	0.1465%
31	9.2065%	61	0.0594%
32	9.1000%	62	0.0152%
33	8.9820%	63	0.0000%
34	8.8511%	64	0.0000%
35	8.7062%	65+	0.0000%
36	8.5466%		
37	8.3717%		
38	8.1815%		
39	7.9756%		
40	7.7543%		
41	7.5151%		
42	7.2556%		
43	6.9760%		
44	6.6758%		

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Table 6

**Disability Rates - Legacy CBPP Participants**

<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
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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SpartanNash Company Pension Plan  
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Schedule SB, Part V—Summary of Plan Provisions

SpartanNash Company—Spartan Stores, Inc. Cash Balance Pension Plan

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	\$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"><li>1. Participant's March 31, 1998 accrued benefit; or</li><li>2. Immediate annuity which is the actuarial equivalent of the participant's account balance projected with interest at the 30-year rate to age 65.</li></ol>
Period On and After April 1, 2004	Accrued benefit is equal to the greater of the following:  <ol style="list-style-type: none"><li>1. Participant's March 31, 1998 accrued benefit; or</li><li>2. Participant's March 31, 2004 accrued benefit; or</li><li>3. Immediate annuity which is the actuarial equivalent of the participant's account balance projected with interest at the 10-year rate to age 65.</li></ol>

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 SpartanNash Company Pension Plan  
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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:

<b>Years of Vested Service</b>	<b>Basic Credit</b>
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:

<b>Age as of January 1</b>	<b>Transition Credit</b>
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.

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%.

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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.

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Nash Finch Company -Retirement Plan for Employees of Super Foods Services, Inc.

Effective Date	Originally effective January 1, 1972. The last amendment reflected in this valuation is Amendment number 23, which is effective February 25, 2002.
Participation	Effective December 31, 1997, plan participation was frozen. Prior to December 31, 1997, an employee became a participant on the first day of the month following completion of one year of service and attainment of age 21, provided they were not represented by an applicable union.
Normal Retirement Eligibility	Age 65.
Benefit	<p>For non-highly compensated participants who were age 55 or greater as of December 31, 1994, sum of (1), (2), and (3).</p> <ol style="list-style-type: none"><li>1% final average earnings multiplied by credited service (maximum of 35 years);</li><li>0.4% of final average earnings in excess of covered compensation multiplied by credited service (maximum of 35 years); and</li><li>\$120 multiplied by credited service in excess of 35 years.</li></ol> <p>For highly compensated or participants who were not yet age 55 as of December 31, 1997, the formula listed above with benefits frozen as of December 31, 1997.</p>
Early Retirement Eligibility	Age 55 and five years of vesting service (or age 55 if hired before April 1, 1981).
Benefit	Normal retirement benefit reduced 6% per year for commencement prior to age 62.
Postponed Retirement Benefit	<p>Greater of:</p> <ul style="list-style-type: none"><li>Participant's benefit calculated at their normal retirement date, actuarially increased for recognition of late commencement; or</li></ul>

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- Participant's benefit calculated at their actual retirement date using credited service and earnings as of the date.

Normal Form of Benefit

Single participants receive a life annuity.

Married participants receive an actuarially equivalent 50% joint and survivor annuity.

Substantive Commitments

No substantive commitments other than the above plan provisions have been included in this valuation.

Definitions

Credited Service

For plan years beginning prior to January 1, 1995, credited service is determined by elapsed time.

Effective for plan years commencing on or after January 1, 1995, a participant shall be credited with a year of credited service for each year during which the participant completes 1,000 hours of service.

Vesting Service

A participant will be credited with a year of vesting service for each year in which the participant completes 1,000 hours of service. Effective December 31, 1997, all participants were fully vested.

Final Average Earnings

The average of the highest five consecutive calendar years within the last 10 calendar years of employment.

Covered Compensation

35-year average of Social Security taxable wage bases for the period ending with the calendar year of the participant's Social Security normal retirement age, assuming no increases after the year in which the employee's termination occurs.

### 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.

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Schedule SB, line 24—Change in Actuarial Assumptions

- A change in the cash balance interest crediting rate from 3.25% to 3.00%.
- A change in the expected return on assets from 5.50% for the 2015 plan year to 5.05% for the 2016 plan year.

This assumption change did not reduce the funding shortfall, so approval of the Commissioner is not required

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

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										
25-29			61 \$770	10	3					
30-34		1	108 \$1,523	48 \$3,323	31 \$5,309					
35-39			73 \$1,980	32 \$5,462	58 \$6,356	17				
40-44		1	91 \$2,441	35 \$8,254	42 \$11,680	37 \$10,397	5			
45-49			139 \$2,716	34 \$5,733	52 \$10,745	39 \$11,854	42 \$18,729	14		
50-54			170 \$2,743	61 \$11,721	88 \$14,704	61 \$19,639	54 \$22,097	38 \$32,105	12	
55-59			213 \$2,590	46 \$10,651	86 \$14,516	61 \$10,560	55 \$28,713	23 \$54,128	27 \$66,282	13
60-64		1	147 \$2,661	51 \$12,650	66 \$14,042	33 \$14,856	29 \$51,118	14	20 \$110,558	20 \$84,853
65-69			45 \$1,901	7	15	10	8	5	5	1
70+			19	4	13	4	1	6	2	1

N-2.508

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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	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	10.00%	0.7738	4.68
61.5	10.00%	0.6964	4.28
62.5	15.00%	0.6268	5.88
63.5	15.00%	0.5327	5.07
64.5	20.00%	0.4528	5.84
65.5	25.00%	0.3623	5.93
66.5	25.00%	0.2717	4.52
67.5	25.00%	0.2038	3.44
68.5	25.00%	0.1528	2.62
69.5	25.00%	0.1146	1.99
70.5	25.00%	0.0860	1.52
71	100.00%	0.0645	4.58
Weighted Average			63.33
Number of Active Participants			2,458

Retirements - Legacy SF Participants			(d)
(a) Age	(b) Rate	(c) Weight	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	25.00%	0.5313	8.30
63.5	10.00%	0.3985	2.53
64.5	20.00%	0.3586	4.63
65.5	50.00%	0.2869	9.40
66.5	10.00%	0.1434	0.95
67.5	10.00%	0.1291	0.87
68.5	10.00%	0.1162	0.80
69.5	10.00%	0.1046	0.73
70	100.00%	0.0941	6.59
Weighted Average			62.29
Number of Active Participants			50
Weighted Average (2,458 × 63.33 + 50 × 62.29)/2,508			63.31

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Schedule SB, Part V—Summary of Plan Provisions

SpartanNash Company—Spartan Stores, Inc. Cash Balance Pension Plan

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	\$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"><li>1. Participant's March 31, 1998 accrued benefit; or</li><li>2. Immediate annuity which is the actuarial equivalent of the participant's account balance projected with interest at the 30-year rate to age 65.</li></ol>
Period On and After April 1, 2004	Accrued benefit is equal to the greater of the following:  <ol style="list-style-type: none"><li>1. Participant's March 31, 1998 accrued benefit; or</li><li>2. Participant's March 31, 2004 accrued benefit; or</li><li>3. Immediate annuity which is the actuarial equivalent of the participant's account balance projected with interest at the 10-year rate to age 65.</li></ol>

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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:

<b>Years of Vested Service</b>	<b>Basic Credit</b>
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:

<b>Age as of January 1</b>	<b>Transition Credit</b>
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.

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%.

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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.

Schedule SB Attachment (Form 5500)—2016 Plan Year  
SpartanNash Company Pension Plan  
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Nash Finch Company -Retirement Plan for Employees of Super Foods Services, Inc.

Effective Date	Originally effective January 1, 1972. The last amendment reflected in this valuation is Amendment number 23, which is effective February 25, 2002.
Participation	Effective December 31, 1997, plan participation was frozen. Prior to December 31, 1997, an employee became a participant on the first day of the month following completion of one year of service and attainment of age 21, provided they were not represented by an applicable union.
Normal Retirement Eligibility	Age 65.
Benefit	<p>For non-highly compensated participants who were age 55 or greater as of December 31, 1994, sum of (1), (2), and (3).</p> <ol style="list-style-type: none"><li>1. 1% final average earnings multiplied by credited service (maximum of 35 years);</li><li>2. 0.4% of final average earnings in excess of covered compensation multiplied by credited service (maximum of 35 years); and</li><li>3. \$120 multiplied by credited service in excess of 35 years.</li></ol> <p>For highly compensated or participants who were not yet age 55 as of December 31, 1997, the formula listed above with benefits frozen as of December 31, 1997.</p>
Early Retirement Eligibility	Age 55 and five years of vesting service (or age 55 if hired before April 1, 1981).
Benefit	Normal retirement benefit reduced 6% per year for commencement prior to age 62.
Postponed Retirement Benefit	<p>Greater of:</p> <ul style="list-style-type: none"><li>Participant's benefit calculated at their normal retirement date, actuarially increased for recognition of late commencement; or</li></ul>

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- Participant's benefit calculated at their actual retirement date using credited service and earnings as of the date.

Normal Form of Benefit

Single participants receive a life annuity.

Married participants receive an actuarially equivalent 50% joint and survivor annuity.

Substantive Commitments

No substantive commitments other than the above plan provisions have been included in this valuation.

Definitions

Credited Service

For plan years beginning prior to January 1, 1995, credited service is determined by elapsed time.

Effective for plan years commencing on or after January 1, 1995, a participant shall be credited with a year of credited service for each year during which the participant completes 1,000 hours of service.

Vesting Service

A participant will be credited with a year of vesting service for each year in which the participant completes 1,000 hours of service. Effective December 31, 1997, all participants were fully vested.

Final Average Earnings

The average of the highest five consecutive calendar years within the last 10 calendar years of employment.

Covered Compensation

35-year average of Social Security taxable wage bases for the period ending with the calendar year of the participant's Social Security normal retirement age, assuming no increases after the year in which the employee's termination occurs.

### 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.

## SpartanNash Company Pension Plan

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PERIOD)**  
**DECEMBER 31, 2016**  
**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
	Pooled separate accounts			
*	AON Hewitt Group Trust	Non-U.S. Equity Index Fund, 786,932 Units	\$ 8,472,114	\$ 8,396,202
*	AON Hewitt Group Trust	Small Cap Equity Index Fund, 940 Units	18,427	21,011
*	AON Hewitt Group Trust	Intermediate Credit Bond Fund, 922,476 Units	11,229,776	11,833,556
*	AON Hewitt Group Trust	Large Cap Equity Index Fund, 372,456 Units	7,542,487	8,648,216
*	AON Hewitt Group Trust	Long Credit Bond Fund, 721,268 Units	10,085,580	11,957,913
*	AON Hewitt Group Trust	High Yield Bond Fund, 671,148 Units	9,083,002	9,649,031
*	State Street Global Advisors	Passive 1-3 Year US Credit Index NonLending Fund, 853,412 Units	<u>13,836,636</u>	<u>14,177,749</u>
	Total pooled separate accounts		60,268,022	64,683,678
*	Fully benefit-responsive investment contract with Aetna Life Insurance Company	Group Annuity Contract No. 003211, interest at 4.05%	11,823,579	11,823,579
*	Unallocated insurance contract John Hancock Mutual Life Insurance Company	Group Annuity Contract No. 1013, interest at 4.41%	3,400,611	3,602,947
*	Money Market Fund Wells Fargo Bank, N.A.	Advantage Prime Investment Money Market Service Institutional Class, 1,871,870 shares	<u>1,871,870</u>	<u>1,871,870</u>
	<b>Total investments</b>		<b><u><u>\$77,364,082</u></u></b>	<b><u><u>\$81,982,074</u></u></b>

(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)—2016 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 3.00%.
- A change in the expected return on assets from 5.50% for the 2015 plan year to 5.05% for the 2016 plan year.

This assumption change did not reduce the funding shortfall, so approval of the Commissioner is not required