

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.		OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection	
Part I Annual Report Identification Information					
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016					
A This return/report is for:		☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a one-participant plan ☐ a foreign plan			
B This return/report is		☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)			
C Check box if filing under:		☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)			
Part II Basic Plan Information —enter all requested information					
1a Name of plan CHIEF SUPER MARKET, INC. (BRODBECK'S UNION EMPLOYEES) PENSION PLAN		1b Three-digit plan number (PN) ▶		003	
		1c Effective date of plan		05/24/1969	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHIEF SUPER MARKET, INC. 317 WEST MAIN CROSS STREET FINDLAY, OH 45840		2b Employer Identification Number (EIN)		34-4430575	
		2c Sponsor's telephone number		419-422-8090	
		2d Business code (see instructions)		445110	
3a Plan administrator's name and address ☐ Same as Plan Sponsor. PLAN COMMITTEE CHIEF SUPER MARKET, INC. 317 WEST MAIN CROSS STREET FINDLAY, OH 45840		3b Administrator's EIN		34-4430575	
		3c Administrator's telephone number		419-422-8090	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.		4b EIN			
a Sponsor's name		4c PN			
5a Total number of participants at the beginning of the plan year		5a		87	
b Total number of participants at the end of the plan year		5b		80	
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5c			
d(1) Total number of active participants at the beginning of the plan year		5d(1)		60	
d(2) Total number of active participants at the end of the plan year		5d(2)		54	
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		5e		0	
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2017	MARK GEPHART		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN HERE					
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
Preparer's name (including firm name, if applicable) and address (include room or suite number)				Preparer's telephone number	

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1746176	1765947
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	1746176	1765947
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	56647	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	74974	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		131621
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	74347	
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions)	8f	3825	
g Other expenses	8g	33678	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		111850
i Net income (loss) (subtract line 8h from line 8c)	8i		19771
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			3000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X			4847
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a 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 letter ruling granting the waiver. Month Day Year 	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	☐ Yes ☐ No
15b 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
16a 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
16b 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
17a 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 _____.	
17b 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 ____/____/____.	
18 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?	☐ Yes ☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	☐ Yes ☐ No

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
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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.

A Name of plan <u>CHIEF SUPER MARKET, INC. (BRODBECK'S UNION EMPLOYEES) PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHIEF SUPER MARKET, INC.</u>	D Employer Identification Number (EIN) <u>34-4430575</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>1746176</u>
b Actuarial value	2b <u>1746176</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>8</u> <u>336774</u> <u>336774</u>
b For terminated vested participants.....	<u>19</u> <u>273868</u> <u>273868</u>
c For active participants.....	<u>60</u> <u>1451228</u> <u>1452904</u>
d Total.....	<u>87</u> <u>2061870</u> <u>2063546</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.09 %</u>
6 Target normal cost.....	6 <u>1000</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary	<u>10/06/2017</u>
<u>PEGGY CRIST</u>	Date
Type or print name of actuary	<u>17-06234</u>
<u>STANDARD RETIREMENT SERVICES, INC.</u>	Most recent enrollment number
Firm name	<u>971-321-3650</u>
<u>PO BOX 711</u> <u>PORTLAND, OR 97207-0711</u>	Telephone number (including area code)
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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	30773	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	22830	0
9	Amount remaining (line 7 minus line 8)	7943	0
10	Interest on line 9 using prior year's actual return of 0.76%	60	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.29%		
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	8003	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.23%
15	Adjusted funding target attainment percentage	15	84.23%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.78%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/18/2016	5708				
05/01/2017	11416				
09/15/2017	39523				
Totals ►			18(b)	56647	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	51607
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th 0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	4			
22	Weighted average retirement age	22	65			
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	1000			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	325373	56315			
b	Waiver amortization installment	0	0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34 57315			
	Carryover balance	Prefunding balance	Total balance			
35	Balances elected for use to offset funding requirement	5708	0 5708			
36	Additional cash requirement (line 34 minus line 35)		36 51607			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 51607			
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				

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Short Form Annual Return/Report of Small Employee
Benefit Plan**

This form is required to be filed 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).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**OMB Nos. 1210-0110
1210-0089**2016****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

- A** This return/report is for:
- ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a one-participant plan ☐ a foreign plan
- B** This return/report is:
- ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** Check box if filing under:
- ☒ Form 5558 ☐ automatic extension ☐ DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information**1a** Name of planCHIEF SUPER MARKET, INC. (BRODBECK'S
UNION EMPLOYEES) PENSION PLAN**1b** Three-digit
plan number
(PN) ▶ 003**1c** Effective date of plan
05/24/1969**2a** Plan sponsor's name (employer, if for a single-employer plan)

Mailing address (include room, apt., suite no. and street, or P.O. Box)

City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

CHIEF SUPER MARKET, INC.

2b Employer Identification Number
(EIN) 34-4430575**2c** Sponsor's telephone number
(419) 422-8090**2d** Business code (see instructions)
445110

317 West Main Cross Street

Findlay

OH 45840

3a Plan administrator's name and address ☐ Same as Plan Sponsor.

PLAN COMMITTEE

CHIEF SUPER MARKET, INC.

317 West Main Cross Street

Findlay

OH 45840

3b Administrator's EIN
34-4430575**3c** Administrator's telephone number
(419) 422-8090**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.**4b** EIN**4c** PN**a** Sponsor's name

5a Total number of participants at the beginning of the plan year	5a	87
b Total number of participants at the end of the plan year	5b	80
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	60
d(2) Total number of active participants at the end of the plan year	5d(2)	54
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>Mark Gephart</i>	<u>10/19/17</u>	Mark Gephart
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1,746,176	1,765,947
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	1,746,176	1,765,947
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	56,647	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	74,974	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		131,621
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	74,347	
e Certain deemed and/or corrective distributions (see instructions) ...	8e		
f Administrative service providers (salaries, fees, commissions)	8f	3,825	
g Other expenses	8g	33,678	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		111,850
i Net income (loss) (subtract line 8h from line 8c)	8i		19,771
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			3,000,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X			4,847
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a 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 letter ruling granting the waiver.	Month Day Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	☐ Yes ☐ No
15b 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
16a 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
16b 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
17a 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	
17b 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	
18 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?	☐ Yes ☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 1/2 during the prior plan year?	☐ Yes ☐ No

**Chief Super Market, Inc.
(Brodbeck's Union) Pension Plan**

Schedule SB, Line 19

EIN:34-4430575 PN:003

Discounted Employer Contributions

					Effective Rate: 6.09%			12/31/2016 Disc. Receivable Contribution	Late Contributions Penalty
					Discounted to 1/1/2016				
Due Date	Date Paid	Contribution Amount	Carryover Balance	Prefunding Balance	Contribution	Carryover Balance	Prefunding Balance		
4/15/2016	1/1/2016		5,708		0	5,708	0	0	0
7/15/2016	7/18/2016	5,708			5,527	0	0	0	2
10/15/2016	5/1/2017	5,708			5,276	0	0	5,597	130
1/15/2017	5/1/2017	5,708			5,276	0	0	5,597	70
9/15/2017	9/15/2017	39,523			35,730	0	0	37,905	0
Total:		\$56,647	\$5,708	\$0	\$51,809	\$5,708	\$0	\$49,099	\$202

Appendix B – Summary of Actuarial Assumptions and Methods

Actuarial Value of Assets:	Market Value Method								
Turnover:	T-8 Less GA51 (Male)								
	<table> <tr> <th><u>Age</u></th><th><u>Rate</u></th></tr> <tr> <td>25</td><td>11.62%</td></tr> <tr> <td>40</td><td>9.40%</td></tr> <tr> <td>55</td><td>1.73%</td></tr> </table>	<u>Age</u>	<u>Rate</u>	25	11.62%	40	9.40%	55	1.73%
<u>Age</u>	<u>Rate</u>								
25	11.62%								
40	9.40%								
55	1.73%								
Disability Incidence:	None								
Retirement:	Normal Retirement Date								
Marital Status:	100% of males and females are assumed to be married with males 3 years older than spouses.								
Assumed Form of Payment:	25% of participants are assumed to elect a Life Annuity, with the remaining 75% electing a Lump Sum								
Expenses:	\$1,000 per year, paid from plan assets								
Plan Benefits Not Considered:	None								

Funding Assumptions

For Minimum Funding and AFTAP (HATFA Rates)

Funding Target Discount Rates:

Years 0 to 5:	4.43%
Years 6 to 20:	5.91%
Years 21 on:	6.65%

For Maximum Deductible Contribution and PBGC Premiums (PPA Rates)

Funding Target Discount Rates:

Years 0 to 5:	1.34%
Years 6 to 20:	4.03%
Years 21 on:	5.06%

Mortality Table:	IRS 2016 Combined Static Mortality Table
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ASC 960 Assumptions

ASC 960 Discount Rate:	7.00%
Mortality Table:	IRS 2016 Combined Static Mortality Table

Appendix B - Summary of Actuarial Assumptions and Methods (cont.)

ASC 715 Assumptions

ASC 715 Expense Discount Rate: 4.75%

ASC 715 Long-term Rate of Return: 7.00%

Mortality Table: IRS 2016 Combined Static Mortality Table

Changes Since Prior Year: The mortality table and segment rates were updated per IRS regulations.

**Chief Super Market, Inc.
(Brodbeck's Union) Pension Plan**

Schedule SB, Part V

EIN:34-4430575 PN:003

Summary of Principal Plan Provisions

Original Effective Date:	May 24, 1969
Last Restatement:	January 1, 2012
Subsequent Amendments:	PPA & Heart Act Amendment
Participation:	Entry into the plan was frozen on 10-12-2007. Prior to 10-12-2007, employees were eligible to enter the plan after completing one year of employment working at a rate of 1,000 hours or more and attaining age 21. Plan entry was each anniversary or six months following the plan anniversary.
Service:	Accrual of benefit service was frozen on 10-12-2007. Prior to 10-12-2007, participants received a year of benefit service for each plan year in which they worked at least 1,000 hours. For the short plan year from May 24, 2005 to December 31, 2005, participants received a fractional year of service if they worked less than 1,000 hours. This fractional amount was equal to the actual hours worked divided by 1,000.
Vesting Service:	The sum of the plan years during which a participant has at least 1,000 hours of service.
Normal Retirement Date:	Normal retirement is upon attainment of age 65 with 5 years of participation.
Early Retirement Date:	At any time after completion of ten years of Vesting Service and attainment of age 55 a participant may elect early retirement.
Average Monthly Earnings:	Average monthly compensation (AMC) is the participant's highest five consecutive calendar year earnings divided by 60. This was frozen on 10-12-2007.
Retirement Benefit Amount:	<p>Benefits were frozen on 10-12-2007.</p> <p>Prior to 10-12-2007, the monthly benefit at normal retirement age was equal to (a) + (b) multiplied by (c) as follows:</p> <ul style="list-style-type: none">(a) 1% times average monthly compensation (AMC), plus(b) .65% times AMC in excess of the Social Security Integration Level, multiplied by(c) Years of benefit service not to exceed 35 years.

**Chief Super Market, Inc.
(Brodbeck's Union) Pension Plan**

Schedule SB, Part V

EIN:34-4430575 PN:003

Summary of Plan Provisions (cont.)

Social Security Integration Level as used in the benefit formula which considers the permitted disparity rules of Section 401(l) of the Code means the participant's Covered Compensation for the plan year.

Termination Benefit:

A terminating participant who has completed 5 years of service is entitled to receive a vested benefit as described above starting on his normal retirement date. The amount of the benefit is the normal retirement benefit earned on the basis of service and salary to termination date multiplied by the appropriate vested percentage from the following table:

<u>Years of Service</u>	<u>Vested Interest</u>
less than 5	0%
5 or more	100%

In addition, a participant becomes 100% vested upon death, total and permanent disability, or attainment of normal retirement age while an active employee.

Early Retirement Benefit:

The amount of retirement income earned on the basis of service to date is reduced 1/15th for the first 5 years and 1/30th for the next 5 years by which early retirement precedes normal retirement.

Normal Form of Benefit:

The normal annuity form is a monthly income payable as a straight life annuity. At the participant's option, retirement income may be paid on a joint and survivor basis, as a certain and life option, or as a lump sum. Election of an optional annuity form may be made at any time before retirement. When an optional annuity form is elected, the amount of income is adjusted so the cost to the fund is the same as it would have been under the normal annuity form.

Optional Benefit Forms:

Single Life Annuity, Joint and Survivor Annuity (100%, 75%, 67% or 50%), Certain and Life Annuity (60-, 120- or 180-months certain), and Lump Sum

**Chief Super Market, Inc.
(Brodbeck's Union) Pension Plan**

Schedule SB, Part V

EIN:34-4430575 PN:003

Summary of Plan Provisions (cont.)

***Death Benefits
(Pre-Retirement):***

In the event of a participant's death before retirement but after becoming vested in a portion of the accrued benefit, the death benefit will be payable to the surviving spouse in the form of a Qualified Preretirement Survivor Annuity. The remaining value of the vested accrued benefit will be payable to the participant's surviving spouse or other beneficiary.

***Death Benefits
(Post-Retirement):***

None except as provided by the annuity form elected.

Changes Since Last Year:

None

**Chief Super Market, Inc.
(Brodbeck's Union) Pension Plan**

Schedule SB, Line 22

EIN:34-4430575 PN:003

Calculation of Estimated Retirement Age

Assumed Retirement Age	Estimated Plan Participants	Percentage Expected to Retire	Number Expected to Retire	Weighted Factor
65	100.00	100%	100.00	6,500.00
			100.00	6,500.00
Weighted Average Retirement Age:				65

**Chief Super Market, Inc.
(Brodbeck's Union) Pension Plan**

Schedule SB, Line 32

EIN:34-4430575 PN:003

Schedule of Amortization Bases

Date Established	Type of Base	Amortization Amount	Years Remaining	Present Value of Installments
1/1/2015	Shortfall	21,830	6	116,656
1/1/2016	Shortfall	34,485	7	208,717
Total		56,315		325,373

**Chief Super Market, Inc.
(Brodbeck's Union) Pension Plan**

Schedule SB, Line 26

EIN:34-4430575 PN:003

Schedule of Active Participant Data

Attained Age	Years of credited service:										Total
	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	2	2	0	0	0	0	0	4
35 to 39	0	0	0	0	1	1	0	0	0	0	2
40 to 44	0	0	0	0	0	2	3	0	0	0	5
45 to 49	0	0	0	1	3	0	2	1	0	0	7
50 to 54	0	0	0	3	0	2	2	1	1	0	9
55 to 59	0	0	0	0	6	1	1	3	4	3	18
60 to 64	0	0	0	3	4	0	1	1	1	2	12
65 to 69	0	0	0	1	1	0	0	0	0	0	2
70 & up	0	0	0	0	0	1	0	0	0	0	1
Total	0	0	0	10	17	7	9	6	6	5	60

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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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.

A Name of plan CHIEF SUPER MARKET (BRODBECK'S) PEN. PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">003</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2">D Employer Identification Number (EIN) 34-4430575</td> </tr> </table>	B Three-digit plan number (PN) ►	003			D Employer Identification Number (EIN) 34-4430575	
B Three-digit plan number (PN) ►	003						
D Employer Identification Number (EIN) 34-4430575							
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHIEF SUPER MARKET, INC.							
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500							

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a	1,746,176	
b Actuarial value	2b	1,746,176	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	8	336,774	336,774
b For terminated vested participants	19	273,868	273,868
c For active participants	60	1,451,228	1,452,904
d Total	87	2,061,870	2,063,546
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.09 %	
6 Target normal cost	6	1,000	

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

SIGN HERE	 Signature of actuary	<u>10/06/2017</u> Date <u>17-06234</u> Most recent enrollment number <u>(971) 321-3650</u> Telephone number (including area code)
<u>PEGGY CRIST</u> Type or print name of actuary <u>STANDARD RETIREMENT SERVICES, INC.</u> Firm name <u>PO BOX 711</u> <u>PORTLAND</u> <u>OR 97207-0711</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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	30,773	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	22,830	0
9 Amount remaining (line 7 minus line 8).....	7,943	0
10 Interest on line 9 using prior year's actual return of <u>0.76</u> %	60	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.29</u> %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	8,003	0

Part III Funding Percentages

14 Funding target attainment percentage	14	84.23%
15 Adjusted funding target attainment percentage.....	15	84.23%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.78%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/18/2016	5,708				
05/01/2017	11,416				
09/15/2017	39,523				
Totals ▶			18(b)	56,647	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 51,607
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?.....	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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	1,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	325,373	56,315	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	57,315	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	5,708	0	5,708
36 Additional cash requirement (line 34 minus line 35)	36	51,607	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	51,607	
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		