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| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security<br>Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><h2 style="text-align: center;">2015</h2><br>This Form is Open to Public Inspection |
|---|---|--|

**FILED**  
 December 28, 2017  
 Data Center  
 Missouri Public  
 Service Commission

|  |   |
|--|---|
| <b>Part I Annual Report Identification Information</b>                                     |   |
| For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016 |   |
| <b>A</b> This return/report is for:  | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| <b>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 checked="" 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 Basic Plan Information—enter all requested information</b>   |   |  |     |  |  |  |  |   |  |  |  |
| <b>1a</b> Name of plan<br>LACLEDE GAS COMPANY EMPLOYEES' RETIREMENT PLAN  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>07/01/1950</td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/>43-0368139</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/>314-342-0739</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/>221210</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | 001 | <b>1c</b> Effective date of plan<br>07/01/1950 |  | <b>2b</b> Employer Identification Number (EIN)<br>43-0368139 |  | <b>2c</b> Plan Sponsor's telephone number<br>314-342-0739 |  | <b>2d</b> Business code (see instructions)<br>221210 |  |
| <b>1b</b> Three-digit plan number (PN) ▶  | 001   |  |     |  |  |  |  |   |  |  |  |
| <b>1c</b> Effective date of plan<br>07/01/1950  |   |  |     |  |  |  |  |   |  |  |  |
| <b>2b</b> Employer Identification Number (EIN)<br>43-0368139  |   |  |     |  |  |  |  |   |  |  |  |
| <b>2c</b> Plan Sponsor's telephone number<br>314-342-0739   |   |  |     |  |  |  |  |   |  |  |  |
| <b>2d</b> Business code (see instructions)<br>221210  |   |  |     |  |  |  |  |   |  |  |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>LACLEDE GAS COMPANY<br><br>700 MARKET STREET 4TH FLOOR<br>ST. LOUIS, MO 63101-1829 |   |  |     |  |  |  |  |   |  |  |  |

**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. | 07/17/2017 | GERY GORLA   |
|   | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>  |   |            |  |
|   | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>  |   |            |  |
|   | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |   |            | Preparer's telephone number                                  |
| OPC Exhibit No. 433<br>Date 12-14-17 Reporter KF<br>File No. GR-2017-0215<br>GR-2017-0216       |   |            |  |

|   |  |
|---|--|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>LACLEDE GAS COMPANY<br><br>700 MARKET STREET<br>4TH FLOOR<br>ST. LOUIS, MO 63101 | <b>3b</b> Administrator's EIN<br>43-0368139                |
|   | <b>3c</b> Administrator's telephone number<br>314-342-0579 |

|   |                                   |
|---|-----------------------------------|
| <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:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|---|-----------------------------------|

|  |              |      |
|--|--------------|------|
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b>     | 2456 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). |              |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....   | <b>6a(1)</b> | 1483 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....  | <b>6a(2)</b> | 1868 |
| <b>b</b> Retired or separated participants receiving benefits.....   | <b>6b</b>    | 305  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....  | <b>6c</b>    | 416  |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....   | <b>6d</b>    | 2589 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....  | <b>6e</b>    | 232  |
| <b>f</b> Total. Add lines 6d and 6e.....   | <b>6f</b>    | 2821 |
| <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>6g</b>    |      |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....              | <b>6h</b>    | 15   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                     | <b>7</b>     |      |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1C 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|---|---|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|   |  |
|---|--|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(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><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(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

**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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|  |  |   |
|--|--|---|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

- ▶ **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<br>LACLEDE GAS COMPANY EMPLOYEES' RETIREMENT 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<br>LACLEDE GAS COMPANY | <b>D</b> Employer Identification Number (EIN)<br>43-0368139 |     |

**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 10 Day 01 Year 2015

**2** Assets:

|                         |           |           |
|-------------------------|-----------|-----------|
| a Market value .....    | <b>2a</b> | 212590976 |
| b Actuarial value ..... | <b>2b</b> | 216263944 |

| 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 ..... | 521                        | 39606328                  | 39606328                 |
| b For terminated vested participants .....                           | 452                        | 17462383                  | 17462383                 |
| c For active participants .....                                      | 1483                       | 137632066                 | 195207148                |
| d Total .....  | 2456                       | 194700777                 | 252275859                |

**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 .....   | <b>4a</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> |  |

**5** Effective interest rate ..... **5** 6.15%

**6** Target normal cost ..... **6** 13204085

**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                    | Date                                   |
| COREY BRUNO                             | 07/30/2017                             |
| Type or print name of actuary           | 17-07695                               |
| TOWERS WATSON DELAWARE, INC.            | Most recent enrollment number          |
| Firm name                               | 314-719-5900                           |
| 101 SOUTH HANLEY<br>ST. LOUIS, MO 63105 | Telephone number (including area code) |
| Address of the firm                     |  |

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7  | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 7276277               | 0                      |
| 8  | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| 9  | Amount remaining (line 7 minus line 8) .....   | 7276277               | 0                      |
| 10   | Interest on line 9 using prior year's actual return of <u>-0.25%</u> .....   | -18191                | 0                      |
| 11   | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
|  | a Present value of excess contributions (line 38a from prior year) .....   |                       | 5119                   |
|  | 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>6.34%</u> ..... |                       | 325                    |
|  | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return .....  |                       | 0                      |
|  | c Total available at beginning of current plan year to add to prefunding balance .....   |                       | 5444                   |
|  | d Portion of (c) to be added to prefunding balance .....   |                       | 0                      |
| 12   | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| 13   | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....   | 7258086               | 0                      |

| <b>Part III Funding Percentages</b> |  |    |         |
|-------------------------------------|--|----|---------|
| 14                                  | Funding target attainment percentage .....   | 14 | 82.84 % |
| 15                                  | Adjusted funding target attainment percentage .....  | 15 | 81.55 % |
| 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 | 89.38 % |
| 17                                  | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | 17 | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                             |                                |                              |                       |                                |                              |
|---|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|
| 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 |
| 01/04/2016  | 5800000                        | 0                            |                       |                                |                              |
| 04/15/2016  | 5800000                        | 0                            |                       |                                |                              |
| 07/15/2016  | 5800000                        | 0                            |                       |                                |                              |
| 10/14/2016  | 5800000                        | 0                            |                       |                                |                              |
| 06/15/2017  | 3700000                        | 0                            |                       |                                |                              |
|   |                                |                              | Totals ▶              | 18(b)                          | 26900000                     |
|   |                                |                              |                       | 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                                     | 25655037                    |
| 20 | Quarterly contributions and liquidity shortfalls:  |   |                             |
|    | a Did the plan have a "funding shortfall" for the prior year? .....  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | c If line 20a is "Yes," see instructions and complete the following table as applicable:                                   |   |                             |

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

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

**21** Discount rate:

**a** Segment rates:

|                        |                        |                        |   |
|------------------------|------------------------|------------------------|---|
| 1st segment:<br>4.72 % | 2nd segment:<br>6.11 % | 3rd segment:<br>6.81 % | <input type="checkbox"/> N/A, full yield curve used |
|------------------------|------------------------|------------------------|---|

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

**22** Weighted average retirement age ..... **22** 59

**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** 13204085

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

|   | Outstanding Balance | Installment |
|---|---------------------|-------------|
| <b>a</b> Net shortfall amortization installment ..... | 43270001            | 12446820    |
| <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**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .. **34** 25650905

|  | Carryover balance | Prefunding balance | Total balance |
|--|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement.....  | 0                 | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                   |                    | 25650905      |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... |                   |                    | 25655037      |

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 4132

**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** 0

**43** Excess installment acceleration amount to be carried over to future plan years ..... **43** 0