

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

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>CHART PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>005</u> 1c Effective date of plan <u>01/03/1986</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHART INDUSTRIES, INC.</u> <u>ONE INFINITY CORP. CENTRE DRIVE</u> <u>SUITE 300</u> <u>GARFIELD HEIGHTS, OH 44125-5369</u>	2b Employer Identification Number (EIN) <u>34-1712937</u> 2c Plan Sponsor's telephone number <u>440-753-1490</u> 2d Business code (see instructions) <u>332300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2016	AMY POWERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2016	AMY POWERS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☐ Same as Plan Sponsor CHART INDUSTRIES, INC. ONE INFINITY CORP. CENTRE DRIVE SUITE 300 GARFIELD HEIGHTS, OH 44125-5369	3b Administrator's EIN 34-1712937
	3c Administrator's telephone number 440-753-0015
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1051
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 345
a(2) Total number of active participants at the end of the plan year	6a(2) 321
b Retired or separated participants receiving benefits.....	6b 306
c Other retired or separated participants entitled to future benefits.....	6c 336
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 963
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 963
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

Receipt Confirmation Code _____

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan CHART PENSION PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 CHART INDUSTRIES, INC.		
		D Employer Identification Number (EIN) 34-1712937

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.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL 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
04-1590850	65935	SA 13058		01/01/2015	12/31/2015

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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(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
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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	314980
5 Current value of plan's interest under this contract in separate accounts at year end	5	40660108

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

b Balance at the end of the previous year	7b	1985091
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c Additions: (1) Contributions deposited during the year	7c(1)	1425	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	18133	
(4) Transferred from separate account	7c(4)	1741324	
(5) Other (specify below)	7c(5)	55547	

▶ **TREANSFERRED ASSETS CONTRIBUTION TO COVER EXPENSES**

(6) Total additions	7c(6)	1816429
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3801520
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3087502	
(2) Administration charge made by carrier	7e(2)	79167	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	319871	

▶ **PAYMENT TO PBGC MISCELLANEOUS EXPENSES**

(5) Total deductions	7e(5)	3486540
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	314980
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
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 CHART PENSION PLAN	B Three-digit plan number (PN) 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHART INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1712937
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 01 Day 01 Year 2015
2	Assets:
a	Market value 45186621
b	Actuarial value 43995579
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 346 19286337 19286337
b	For terminated vested participants 445 10695002 10695002
c	For active participants 345 13015280 13100910
d	Total 1136 42996619 43082249
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 6.30%
6	Target normal cost 6 329071

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		09/08/2016
ANDREW B. HODGES	Signature of actuary	Date
MASSMUTUAL LIFE INSURANCE COMPANY	Type or print name of actuary	14-05048
100 BRIGHT MEADOW BOULEVARD ENFIELD, CT 06082	Firm name	Most recent enrollment number
	Address of the firm	860-562-2195
		Telephone number (including area code)

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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	
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	329071	
b Excess assets, if applicable, but not greater than line 31a	31b	329071	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	903540	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	903540	
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		

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan CHART PENSION PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 CHART INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1712937	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Enter name and EIN or address of person who provided you disclosure 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)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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 15 38 52 60 63 72	CONTRACT ADMINISTRATOR	23750	Yes ☒ No ☐	Yes ☒ No ☐	81017	Yes ☒ No ☐

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

BDO

34-1945695

(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	AUDITOR	7700	Yes ☐ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

RAYMOND JAMES FINANCIAL SERVICES AD

59-2937883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	31527	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RAYMOND JAMES FINANCIAL SERVICES AD	27	31527
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> PLAN RELATED EXPENSES	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
SELECT METWEST TOTAL RETURN BOND 04-2483041	<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> BASIS POINTS * PLAN ASSETS	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
RESEARCH MFS 04-3158862	<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PREMIER MONEY MARKET BABSON 04-3212059	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INTERNATIONAL OAKMARK 04-3276558	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SP 500 INDEX NORTHERN TRUST 04-3410047	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HIGH YIELD PRUDENTIAL 13-2974999	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMALL CAP VALUE LORD ABBETT 13-6995863	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HIGH YIELD JP MORGAN 26-3613641	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CORE BOND JP MORGAN 31-1299296	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NFJ DIVIDEND VALUE ALLIANZGI 33-0902855	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
US EQUITY JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMALL CAP EQUITY GLENMEDE 39-1982827	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MID CAP INDEX COLUMBIA 56-0906609	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GLOBAL BOND TEMPLETON 59-6865210	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LARGE CAP GROWTH III COLUMBIA 93-0577450	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DEVELOPING MARKETS OFI 93-6305075	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INCOME DODGE AND COX 94-3073289	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPACIFIC GROWTH AMERICAN 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	15	79667
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	38	1350
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</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: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">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; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2015</p> <hr/> <p style="text-align: center; font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan CHART PENSION PLAN	B Three-digit plan number (PN) ▶	005
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CHART INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1712937	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-0Q			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2849011	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-B8			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3606157	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-C			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1927529	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CBH			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2886179	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CFV			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2813815	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CHY			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1701178	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CAP			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3840959	

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-KR**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2764871
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-TZ**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-UE**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2605186
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-X**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2877044
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-YX**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan CHART PENSION PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 CHART INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1712937	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a Total noninterest-bearing cash	1a			
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)			
(2) Participant contributions	1b(2)			
(3) Other.....	1b(3)			
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)			
(2) U.S. Government securities.....	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other.....	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common	1c(4)(B)			
(5) Partnership/joint venture interests	1c(5)			
(6) Real estate (other than employer real property)	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans	1c(8)			
(9) Value of interest in common/collective trusts.....	1c(9)			
(10) Value of interest in pooled separate accounts.....	1c(10)	43201530		0
(11) Value of interest in master trust investment accounts	1c(11)			
(12) Value of interest in 103-12 investment entities	1c(12)			
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)			40660108
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1985091		314980
(15) Other	1c(15)			

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	45186621	40975088

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	45186621	40975088
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	2169	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2169
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	18133	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18133
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-824462
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		-804160

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3087502	
(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)		3087502
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	319871	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		319871
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3407373

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4211533
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: BDO USA LLP

(2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
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.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

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

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

Part V Trust Information

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

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

A Name of plan <u>CHART PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHART INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-1712937</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1590850</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>81</u>

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: <u>67</u> % Investment-Grade Debt: <u>21</u> % High-Yield Debt: <u>8</u> % Real Estate: <u>0</u> % Other: <u>4</u> % b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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



The Chart Pension Plan

Financial Statements and Supplemental Schedules

**As of and for the Years Ended December 31, 2015
and 2014**

The Chart Pension Plan

Financial Statements and Supplemental Schedules
As of and for the Years Ended December 31, 2015 and 2014

The Chart Pension Plan

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Tel: 440-248-8787
Fax: 440-248-0841
www.bdo.com

32125 Solon Road
Cleveland, OH 44139

Independent Auditor's Report

To the Plan Administrator of
The Chart Pension Plan
Garfield Heights, Ohio

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's 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 the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by State Street Bank and Trust Company, the custodian of the Plan, except for comparing the 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 a certification from the custodian as of December 31, 2015 and 2014, and for the years then ended, 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.

Other Matter

The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions as of and for the year ended December 31, 2015 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 the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental 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.

BDO USA, LLP

Cleveland, Ohio
October 3, 2016

Financial Statements

The Chart Pension Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2015	2014
Assets		
Investments, at fair value:		
Units of pooled separate accounts	\$ 27,871,928	\$ 43,201,530
Shares of registered investment companies	12,788,180	-
Investments, at contract value:		
Guaranteed interest account	314,980	1,985,091
Total investments	40,975,088	45,186,621
Employer contribution receivable	1,000,000	-
Net Assets Available for Benefits	\$ 41,975,088	\$ 45,186,621

See accompanying notes to financial statements.

The Chart Pension Plan

Statements of Changes in Net Assets Available for Benefits

<i>Years Ended December 31,</i>	2015	2014
Investment (loss) income		
Net (depreciation) appreciation in fair value of investments	\$ (824,462)	\$ 2,264,520
Interest income	18,133	33,664
Total investment (loss) income	(806,329)	2,298,184
Employer contributions	1,002,169	-
Deductions from Net Assets Attributed to:		
Benefits paid to participants	3,087,502	1,876,022
Administrative expenses	319,871	138,686
Total Deductions	3,407,373	2,014,708
Net (Decrease) Increase	(3,211,533)	283,476
Net Assets Available for Benefits, beginning of year	45,186,621	44,903,145
Net Assets Available for Benefits, end of year	\$ 41,975,088	\$ 45,186,621

See accompanying notes to financial statements.

The Chart Pension Plan

Notes to Financial Statements

1. Description of the Plan

The following description of The Chart Pension Plan (the “Plan”), formerly Chart Heat Exchangers Pension Plan (“Heat Exchangers Pension Plan”), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a noncontributory defined benefit pension plan and is subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. The Plan provides for pension and postretirement death benefits for hourly employees of the former Chart Heat Exchangers Limited Partnership (formerly ALTEC International Limited Partnership) (“Heat Exchangers”), which is today the LaCrosse operation of Chart Energy & Chemicals, Inc. a wholly owned subsidiary of Chart Industries, Inc. On March 31, 1998, the Plan was frozen and participants do not accrue service or earnings for benefit payment calculation purposes subsequent to that date. The Plan is sponsored by the Company.

In addition, the Plan incorporates the provisions of the following merged plans: Greenville Tube Corporation Pension Plan for Salaried Employees (“GTC Pension Plan”), Chart, Inc. Retirement Income Plan (“RIP Pension Plan”), and Chart, Inc. Service Related Pension Plan (“SRPP Pension Plan”).

Greenville Tube, LLC provided for retirement, death, and disability benefits for substantially all employees of the Greenville, Pennsylvania and Clarksville, Arkansas facilities, a wholly-owned subsidiary of the Company. On July 31, 2003, the GTC Pension Plan was frozen and participants do not accrue service or earnings for benefit payment calculation purposes subsequent to that date.

The RIP Pension Plan covered eligible executive, managerial, office, technical, administrative, professional, clerical, and sales employees at Chart Inc.’s former Burnsville, Minnesota and New Prague, Minnesota facilities who completed 1,000 hours of service during a twelve-month period. Chart Inc. is a wholly-owned subsidiary of the Company. Effective December 31, 2004, the RIP Pension Plan was frozen and participants do not accrue service or earnings for benefit payment calculation purposes subsequent to that date.

The SRPP Pension Plan covered substantially all hourly employees at Chart Inc.’s former Burnsville, Minnesota and New Prague, Minnesota facilities, and provided for retirement, death, and disability benefits. Effective February 28, 2006, the SRRP Pension Plan was frozen and participants do not accrue service or earnings for benefit payment calculation purposes subsequent to that date.

Contributions

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. The amounts funded were actuarially determined by consulting actuaries from Massachusetts Mutual Life Insurance Company (“MassMutual”) using the Unit Credit Actuarial Cost Method. The Plan has met the ERISA minimum funding requirements in 2015 and 2014.

The Chart Pension Plan

Notes to Financial Statements

Plan benefits

Participants are entitled to a monthly benefit based on their participation in the merged plans prior to the respective plan merger:

The Chart Pension Plan (formerly Chart Heat Exchangers Pension Plan)

Participants are entitled to a monthly benefit based on years of past benefit service multiplied by the applicable benefit rate. Participants who retire with 15 or more years of benefit service are also entitled to a monthly retirement supplement. Early retirement is permitted at ages 55 through 64 with a reduced benefit based on the months by which payment commenced prior to the participant's normal retirement date.

Pension benefits were fully vested upon completion of five years of service. Participants who terminate employment prior to their normal retirement date and after completion of five years of service are entitled to vested pension benefits payable at their normal retirement date. Upon death of a participant, the surviving eligible spouse is entitled to 50% of the accrued benefit that would have been payable to the participant.

Greenville Tube Corporation Pension Plan for Salaried Employees

Salaried participants are entitled to a monthly benefit based on (1) 1.25% of the participant's average compensation multiplied by the participant's total years of credited service, plus (2) 0.6% of the participant's average compensation in excess of one-twelfth of covered compensation multiplied by the participant's total years of credited service after January 1, 1999, up to a maximum of 35 years. Hourly participants are entitled to a monthly benefit based on the sum of (1) four dollars multiplied by years of credited service as of December 31, 1988, and (2) 1.25% of the participant's average compensation multiplied by the participant's total years of credited service after January 1, 1989, plus 0.6% of the participant's average compensation in excess of one-twelfth of covered compensation multiplied by the participant's total years of credited service after January 1, 1999, up to a maximum of 35 years. Early retirement is permitted at ages 55 through 64 with a reduced benefit based on the months by which payment commenced prior to the participant's normal retirement age.

Pension benefits were fully vested upon completion of five years of service. Participants who terminate employment prior to their normal retirement date and after completion of five years of service are entitled to vested pension benefits payable at their normal retirement date. Upon death of a participant, the surviving eligible spouse is entitled to 100% of the accrued benefit that would have been payable to the participant under the joint and full survivor annuity, unless the participant elected otherwise.

Chart Inc. Retirement Income Plan

Participants are entitled to a monthly benefit based on (1) 1% of the participant's average compensation multiplied by the total years of credited service, plus (2) the excess, if any, of (a) over (b), where (a) equals 0.5% of the participant's average compensation multiplied by credited service, and (b) equals 1.5% of the primary social security benefit multiplied by credited service, up to a maximum of 50% of the primary social security benefit. Early retirement is permitted at ages 55 through 64 with a reduced benefit based on the months by which payment commenced prior to the participant's normal retirement date.

The Chart Pension Plan

Notes to Financial Statements

Pension benefits were fully vested upon completion of five years of service. Participants who terminate employment prior to their normal retirement date and after completion of five years of service are entitled to vested pension benefits payable at their normal retirement date. Upon death of a participant, the surviving eligible spouse is entitled to 50% of the accrued benefit that would have been payable to the participant under the joint and one-half survivor annuity, unless the participant elected otherwise.

Chart, Inc. Service Related Pension Plan

Participants are entitled to a monthly benefit based on years of past benefit service multiplied by the applicable benefit rate, up to a maximum of 40 years of credited service. Early retirement is permitted at ages 55 through 64 with a reduced benefit based on the months by which payment commenced prior to the participant's normal retirement date.

Pension benefits were fully vested upon completion of five years of service. Participants who terminate employment prior to their normal retirement date and after completion of five years of service are entitled to vested pension benefits payable at their normal retirement date. Upon death of a participant, the surviving eligible spouse is entitled to 50% of the accrued benefit that would have been payable to the participant under the joint and one-half survivor annuity, unless the participant elected otherwise.

In addition, for all merged plans, benefits are paid to participants without an eligible spouse in the form of a life-only pension, unless a different payment option has been elected. Participants have the option of electing to have benefits paid in the form of a life annuity with ten years certain or a joint and 100%, 66 2/3%, or 50% survivor annuity.

Effective September 1, 2015, the Plan was amended to provide certain deferred vested participants with a limited opportunity to receive a lump sum distribution of their benefit. Participants with a vested accrued benefit as of December 1, 2015 greater than \$5,000, but not greater than \$20,000, were eligible to participate in the limited benefit election window, subject to the provisions in the Plan amendment. The limited benefit election window was the period beginning September 30, 2015 and ending October 31, 2015.

Plan Expenses

Substantially all Plan expenses were paid by the Plan and amounted to \$319,871 and \$138,686 for the years ended December 31, 2015 and 2014, respectively.

Plan Termination

Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

The Chart Pension Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation

The Plan's investments are stated at net asset value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset values of shares held by the Plan at year end. See Note 8 for discussion of fair value measurements and Note 4 for discussion of benefit responsive investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis when received. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions for service rendered by the employees through the date the respective plan was frozen (see Notes 1 and 3). 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 payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered through the date the respective plan was frozen.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

New Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The amendments in this update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the financial statements. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in this Update are effective for public business entities for fiscal years beginning after December 15, 2015. For all other entities, the amendments in this update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. The Plan adopted this update for the 2015 Plan year, and it was retrospectively applied to the 2014 Plan year. Prior year disclosures have been revised to reflect the retrospective application of this update. The impact of adopting this update is reflected in Note 8.

The Chart Pension Plan

Notes to Financial Statements

In July 2015, the FASB issued ASU No. 2015-12, Pension Accounting: Defined Benefit Pension Plans (Topic 960) Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): *(Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient – consensus of the Emerging Issues Task Force*. The amendments in this update (1) require a pension plan to use contract value as the only measure for fully benefit-responsive investment contracts, (2) simplify and increase the effectiveness of the investment disclosure requirements for employee benefit plans, and (3) provide benefit plans with a measurement-date practical expedient similar to the practical expedient provided to employers in ASU 2015-04, *Practical Expedient for the Measurement Date of an Employer's Defined Benefit Obligation and Plan Assets*. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Part I and Part II shall be applied retrospectively to all periods presented, while the amendments in Part III shall be applied prospectively. The Plan has adopted Parts I and II of this update for the 2015 Plan year. Part III is not applicable to this Plan. The adoption of ASU 2015-12 did not have a material impact on the financial statements. Upon adoption of ASU 2015-12, fully benefit-responsive investment contracts are measured, presented and disclosed only at contract value.

Subsequent Events

The Plan's management has evaluated events and transactions that occurred between December 31, 2015 and October 3, 2016, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements. There were no such events that were required to be recognized or disclosed other than those included in Note 10 to the financial statements.

3. Actuarial Present Value of Accumulated Plan Benefit Obligations

Consulting actuaries from MassMutual estimated the actuarial present value of accumulated plan benefits at December 31, 2014 and 2013, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information at the beginning of the Plan year is as follows:

January 1,	2015	2014
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 18,550,186	\$ 16,799,594
Participants entitled to deferred benefits	9,844,014	9,404,634
Other participants	11,998,181	11,545,517
	40,392,381	37,749,745
Non-vested benefits	77,790	91,706
Total accumulated plan benefits	\$ 40,470,171	\$ 37,841,451

The Chart Pension Plan

Notes to Financial Statements

The changes in accumulated plan benefits were as follows:

<i>Years Ended December 31,</i>	2014	2013
Actuarial present value of accumulated benefits,		
beginning of year	\$ 37,841,451	\$ 37,002,314
Increase (decrease) during the year attributed to:		
Passage of time increases (discount rate of 7.25%)	2,675,499	2,616,967
Assumption changes ⁽¹⁾⁽²⁾⁽³⁾	1,670,781	72,738
Benefits paid	(1,876,022)	(1,812,526)
Other	158,462	(38,042)
Total increase	2,628,720	839,137
Actuarial present value of accumulated benefits,		
end of year	\$ 40,470,171	\$ 37,841,451

- 1) The interest rate assumption for valuing the Funding Target was changed from the September 2013 Internal Revenue Service ("IRS") Segmented Yield Curve in 2014 as revised for the Highway and Transportation Funding Act of 2014 ("HATFA") in 2014 to the September, 2014 IRS Segmented Yield Curve limited by 2015 MAP-21 corridor as revised for HATFA in 2015.
- 2) For the year ended December 31, 2014, the Accounting Standards Codification ASC 960 liability mortality assumption changed from the Internal Revenue Code ("IRC") Section 430 2014 Static Non-Annuitant and Annuitant Tables to the IRC Section 430 2015 Static Non-Annuitant and Annuitant Tables.
- 3) For the year ended December 31, 2014, the ASC 960 liability mortality assumption changed from the IRC Section 430 2014 Static Non-Annuitant and Annuitant Tables to the RP2014 Blue Collar Table with MP 2014 scale except for the RIP Pension Plan, which uses No Collar.

The more significant assumptions underlying the actuarial computations are as follows:

Factor	Assumption
Interest rate	For the January 1, 2015 valuation, the Pension Protection Act ("PPA") segment rates were 4.72% for segment one (up to four years), 6.11% for segment two (years five through nineteen), and 6.81% for segment three (twenty plus years) based on the September 2014 IRS Segmented Yield Curve limited by 2015 MAP-21 corridor as revised for HATFA in 2015. For the January 1, 2014 valuation, the PPA segment rates were 4.99% for segment one (up to four years), 6.32% for segment two (years five through nineteen), and 6.99% for segment three (twenty plus years) based on the September 2013 IRS Segmented Yield Curve limited by 2014 MAP-21 corridor as revised for HATFA in 2014.

The Chart Pension Plan

Notes to Financial Statements

Factor	Assumption
Actuarial cost method	Unit Credit
Retirement age	80% of participants are assumed to retire at age 62, the remainder retire at normal retirement age or age on the valuation date, if greater, for former Heat Exchangers Pension Plan participants; age 65 for the former GTC Pension Plan participants; the earlier of normal retirement age or age plus service equal to 98 (not earlier than age 55) for former RIP participants; age 62 for the former SRPP Pension Plan participants.
Mortality basis	Effective 2015, the Plan changed from the 2014 IRS Static Mortality Table to the 2015 IRS Static Mortality Table.

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.

4. Investments, unaudited

All investment information disclosed in the accompanying financial statements, including investments held at December 31, 2015 and 2014, net appreciation (depreciation) in fair value of investments, and interest and dividends for the years then ended, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by State Street Bank & Trust Company, the custodian as of and for the years ended December 31, 2015 and 2014.

5. Investment Contract with Insurance Company

The Plan has a guaranteed interest account (GIA) contract with MassMutual, which is a fully benefit-responsive stable value investment with a guaranteed rate of return and principal that is backed by MassMutual. The account is credited with 100% of employer contributions to the Plan that are then allocated between the pooled separate accounts and the GIA. The account is charged for benefits paid to participants and administrative expenses. The guaranteed interest account issuer is contractually obligated to repay the principal and a specified rate that is guaranteed to the Plan.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the GIA was \$314,980 and \$1,985,091 at December 31, 2015 and 2014, respectively. The guaranteed interest rate is established on a semi-annual basis for deposits received during a specified period and an annual minimum interest rate was also established to remain in effect for each year of the agreement. The guaranteed interest rate was 1.80% and 1.85% as of and for the years ended December 31, 2015 and 2014, respectively. The interest earned for the year ended December 31, 2015 and 2014 was \$18,133 and \$33,664, respectively.

The Chart Pension Plan

Notes to Financial Statements

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include, but may not be limited to, the following: (1) the complete or partial termination of the Plan; (2) the establishment or activation of, or material change in, any Plan investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from Plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs. The plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Upon termination of the contract with MassMutual, the Plan can select various options for liquidation of investments. The value of the investment contract received by the Plan is dependent upon the option selected by the Plan.

6. Income Tax Status

The Plan obtained its latest determination letter on August 12, 2011, in which the IRS states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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 as of and for the years ended December 31, 2015 and 2014.

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.

The Chart Pension Plan

Notes to Financial Statements

8. Fair Value Measurements

The ASC Topic on Fair Value Measurements and Disclosures establishes a framework for measuring fair value. That framework 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 unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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;
- 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 inputs 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 measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Mutual funds: Valued at quoted prices from an active market which represents the net asset value ("NAV") of shares held by the Plan at year-end.

Units of pooled separate accounts: The fair values of participation units in the pooled separate accounts are based upon the NAV of such accounts which are provided by the custodian. The net asset value is based on the underlying assets owned by the account, less liabilities, and then divided by the number of shares outstanding. The accounts can be redeemed at the discretion of the Plan, and do not require a specific notice period for redemption. As of December 31, 2015 and 2014, the Plan had no unfunded commitments related to these accounts.

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

The Chart Pension Plan

Notes to Financial Statements

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

<i>December 31, 2015</i>	Total	Level 1	Level 2	Level 3
Mutual funds	\$12,788,180	\$12,788,180	\$ -	\$ -
Total investments at fair value hierarchy	12,788,180	12,788,180	-	-
Investments measured at NAV*	27,871,928			
Total investments measured at fair value	\$40,660,108	\$12,788,180	\$ -	\$ -

<i>December 31, 2014</i>	Total	Level 1	Level 2	Level 3
Investments measured at NAV*	\$ 43,201,530			
Total investments measured at fair value	\$ 43,201,530	\$ -	\$ -	\$ -

*Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliations of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

9. Transactions with Parties-in-Interest

For the years ended December 31, 2015 and 2014, certain Plan investments were managed by MassMutual. As of and for the years ended December 31, 2015 and 2014, MassMutual was the record keeper as defined by the Plan and, therefore, transactions therewith qualify as party-in-interest transactions. Fees paid by the Plan to the custodian amounted to \$79,167 and \$450 for the years ended December 31, 2015 and 2014, respectively.

10. Subsequent Event

Effective June 1, 2016, the plan was amended to provide certain deferred vested participants with a limited opportunity to receive a lump sum distribution of their benefit. Participants with a vested accrued benefit as of November 1, 2016 greater than \$20,000, but not greater than \$40,000, are eligible to participate in the limited benefit election window, subject to the provisions in the Plan amendment. The limited benefit election window is the period beginning September 1, 2016 and ending October 15, 2016. The plan amendment also updated the earliest retirement date for GTC Pension Plan participants to be age 55, without regard to whether the participant has completed 10 years of service and for the Heat Exchangers Pension Plan, the earliest retirement date for the surviving spouse would be age 45.

The Chart Pension Plan

Notes to Financial Statements

11. Reconciliation of Financial Statements to the Form 5500

Differences exist between the accompanying financial statements and the amounts reported in the fiscal year 2015 Form 5500 as a result of contributions recognized on the accrual basis of accounting for financial statement purposes and the cash basis used for Form 5500 purposes.

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

<i>December 31,</i>	2015
Net assets available for benefits per the financial statements	\$ 41,975,088
Less: Contributions receivable end of period	(1,000,000)
Net assets available for benefits per the Form 5500	\$ 40,975,088

The following is a reconciliation of contributions per the financial statements to the Form 5500 for the year ended:

<i>December 31,</i>	2015
Contributions per the financial statements	\$ 1,002,169
Less: Contributions receivable end of period	(1,000,000)
Contributions per the Form 5500	\$ 2,169

Supplemental Schedules

The Chart Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 34-1712937

Plan No: 005

December 31, 2015

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or silimar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Investments				
Registered Investment Companies				
Dodge & Cox Income Fund	Registered Investment Company	\$ 3,591,442	\$ 3,870,815	
Columbia Large Cap Growth III A LW	Registered Investment Company	1,773,447	2,920,662	
Glenmede Small Cap Equity Adv	Registered Investment Company	2,388,090	2,379,478	
JP Morgan High Yield A Load Waived	Registered Investment Company	728,315	828,324	
NFJ Dividend Value Fund	Registered Investment Company	2,976,238	2,788,901	
Total Registered Investment Companies		11,457,532	12,788,180	
Pooled Separate Accounts				
* JP Morgan Core Bond R5 Fund	Pooled Separate Accounts	3,878,692	3,840,957	
* Columbia Mid Cap Index A	Pooled Separate Accounts	2,555,461	3,606,157	
* JP Morgan US Equity R5	Pooled Separate Accounts	1,822,179	2,886,179	
* Northern Trust MM S&P 500 Index II	Pooled Separate Accounts	2,861,065	2,877,045	
* MFS Research A Load Waived Fund	Pooled Separate Accounts	1,800,628	2,849,011	
* Oakmark International I	Pooled Separate Accounts	2,742,566	2,813,815	
* American Funds Euro Pacific Growth R4	Pooled Separate Accounts	2,432,816	2,764,871	
* Templeton Global Bond A Load Waived	Pooled Separate Accounts	2,546,157	2,605,186	
* Sel MetWest Total Return Bond	Pooled Separate Accounts	2,066,940	1,927,529	
* Prudential High-Yield A Load Wavied	Pooled Separate Accounts	1,660,738	1,701,178	
Total Pooled Separate Accounts		24,367,242	27,871,928	
Fully benefit-responsive investment contracts				
* Mass Mutual Guaranteed Interest Account	Insurance	314,980	314,980	
		\$ 36,139,754	\$ 40,975,088	

* Identified as a party-in-interest.

The Chart Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 34-1712937

Plan No: 005

December 31, 2015

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset		

Category 1 - Single transaction exceeds 5% of value:

Units of Sel MetWest Total

MassMutual	Return Bond Fund sold	\$ -	\$ 2,830,925	N/A	\$ -	\$ 2,548,550	\$ 2,830,925	\$ 282,375
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Schedule SB, Part V - Summary of Plan Provisions

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

Plan: Chart Pension Plan

Employer Identification Number/Plan Number: 34-1712937 / 005

Effective Date: January 3, 1986 (restated December 31, 2007)

Plan Year: January 1 – December 31

Employer: Chart Industries, Inc.

Employee: Any person who is a common law employee of the Employer.

Participant: Any Employee or former Employee who is eligible to participate in the Plan. Participants who were participants in the Chart Heat Exchangers Pension Plan shall be referred to as Heat Exchangers Participants; Participants who were participants in the Greenville Tube Corporation Pension Plan for Salaried Employees shall be referred to as Greenville Participants; Participants who were participants in the Chart Retirement Income Plan shall be referred to as Retirement Plan Participants; and Participants who were participants in the Chart, Inc. Service Related Pension Plan shall be referred to as Service Plan Participants.

Participation: Eligible Employees of Heat Exchangers, Greenville and Service Plan will enter the plan as of their date of hire. Eligible Employees of the Retirement Plan will enter the plan on the first day of the month following completion of 1,000 or more hours of service during a twelve-month period. There shall be no new entrants to the Plan as of March 31, 1998 for Heat Exchangers Participants, as of July 31, 2003 for Greenville Participants, as of December 31, 2004 for Retirement Plan Participants and as of March 1, 2006 for Service Plan Participants.

Credited Service:

For Heat Exchangers, 1/10th of a year of Credited Service for each 170 Hours of Service worked as and Hourly Employee, not to exceed one year of Credit Service in any Plan Year. Credit Service is frozen as of March 31, 1998.

For Greenville, is based on Participant's Period of Service and shall be expressed as full years and completed months. A Participant shall be credited with a full calendar month for each calendar month in which 160 Hours of Service are worked. Credited Service shall not include any Period of Service prior to January 1, 1974, and is frozen as of July 31, 2003.

For Retirement Plan, is based on Participant's Period of Service and shall be expressed as full years and completed months. A Participant shall be credited with a full calendar month if their employment commences during the first 15 days of such month, or if they terminate employment after the 15th day of the month. Credited Service shall not include any Period of Service prior to March 1, 1975, and is frozen as of December 31, 2004.

For Service Plan, is based on the number of Hours of Service credited to each Participant. A Participant shall be credited with 1 year of Credited Service if he is credited with 1,800 Hours of Service in a calendar year (up to a maximum of 40 years). Fractional years of Credited Service shall be credited to a Service Plan Participant who works at least 1,000 Hours of Service in such calendar year, but does not work 1,800 Hours of Service. Fractional years of Credited Service shall be calculated by dividing Hours of Service by 1,800. Credited Service shall not include any Period of Service prior to March 1, 1975, and is frozen as of February 28, 2006.

Schedule SB, Part V - Summary of Plan Provisions

Vesting Service:

For Heat Exchangers, Retirement Plan and Service Plan, is based on a Participant's Period of Service and shall be expressed as full years and completed months. A Participant shall be credited with a full calendar month of a Period of Service if their employment commences during the first 15 days of such month, or if they terminate employment after the 15th day of the month.

For Greenville, is based on the number of Hours of Service credited to a Participant. A participant shall be credited with 1 year of Vesting Service is they are credited with 1,000 Hours of Service in a Plan Year.

Average Compensation:

For Greenville, compensation averaged over the 60 highest paid consecutive months out of the last 120 months that produces the highest average as of the earlier of the participant's date of termination or July 31, 2003.

For Retirement Plan, compensation averaged over the 5 highest paid consecutive calendar years out of the last 15 calendar years that produces the highest average.

Normal Retirement Date:

For Heat Exchangers and Greenville, the first day of the month coincident with or next following a Participant's 65th birthday.

For Retirement Plan and Service Plan, the first day of the month coincident with or next following the later of a Participant's attainment of age 65 or 5 years of Vesting Service.

Early Retirement Date:

For Heat Exchangers, Retirement Plan and Service Plan, the first day of any month which is coincident with or next following the date the Participant has both attained age 55 and completed at least 5 years of Vesting Service.

For Greenville, the first day of any month which is coincident with or next following the date the Participant has both attained age 55 and completed at least 10 years of Credit Service.

Deferred Retirement Date: The date of retirement of a Participant after their Normal Retirement Date.

Normal Retirement Benefit: The monthly amount payable in Normal Form is equal to:

For Heat Exchangers, the Benefit Rate in accordance with the following chart, multiplied by such Participant's Credited Service. The Accrued Benefit of Heat Exchangers shall be frozen as of March 31, 1998.

Termination Date	Benefit Rate
On or after January 3, 1986, but before January 1, 1989	\$17.00
On or after January 1, 1989, but before January 1, 1990	\$18.50
On or after January 1, 1990, but before January 1, 1991	\$19.00
On or after January 1, 1991, but before January 1, 1992	\$19.50
On or after January 1, 1992, but before January 1, 1993	\$20.00
On or after January 1, 1993, but before January 1, 1994	\$20.50
On or after January 1, 1994, but before January 1, 1995	\$21.00
On or after January 1, 1995, but before January 1, 1996	\$23.00
On or after January 1, 1996, but before January 1, 1997	\$25.00
On or after January 1, 1997	\$26.00

Schedule SB, Part V - Summary of Plan Provisions

For Greenville, the sum of the following:

- (1) 1.25% of Average Compensation multiplied by Credited Service. For participants of the Hourly Employees' Plan, this benefit is the sum of the following:
 - (a) \$4 multiplied by Credited Service as of December 31, 1988, plus
 - (b) 1.25% of Average Compensation multiplied by Credited Service after January 1, 1989
- (2) 0.6% of Average Compensation in excess of Covered Compensation multiplied by Credited Service after January 1, 1999 (up to a maximum of 35 years of Credited Service).

For Retirement Plan, the sum of (1) and (2):

- (1) 1.00% of Average Compensation multiplied by Credited Service.
- (2) The excess, if any, of (a) over (b):
 - (a) 0.5% of Average Compensation multiplied by Credited Service; and
 - (b) 1.5% of Primary Social Security Benefit multiplied by Credited Service (up to a maximum of 50% of the Primary Social Security Benefit).

The Accrued Benefit of the Retirement Plan shall be frozen as of December 31, 2004.

For Service Plan, the Benefit Rate in accordance with the following chart, multiplied by such Participant's Credited Service (up to a maximum of 40 years of Credited Service). The Accrued Benefit of the Service Plan shall be frozen as of February 28, 2006.

Termination Date	Benefit Rate
Prior to March 1, 2001	\$10.00 for Credited Service prior to March 1, 1989
	\$13.05 for Credited Service from March 1, 1989-March 1, 1995
	\$20.00 for Credited Service from March 1, 1995-March 1, 2001
On or after March 1, 2001	\$25.00 for all Credited Service

Termination Benefit: A Participant who has at least five years of Vesting Service has a nonforfeitable right to 100% of his Accrued Normal Retirement Benefit.

Early Retirement Benefit: Accrued Benefit determined as of Early Retirement Date, reduced by:

For Heat Exchangers, 2/12 of 1% for each of the first 36 completed months and 5/12 of 1% for each of the next 84 completed months by which a Participant's benefit commencement date precedes their Normal Retirement Date.

For Greenville and Service Plan, 0.5% for each month that the Participant's benefit commencement date precedes their Normal Retirement Date.

For Retirement Plan, 2% for each year to age 62, 4% to each year thereafter to age 60 and 6% for each year thereafter to age 55. If the Participant's benefit commences after age 61 and age plus vesting service is greater than 90, no reduction will apply. If the Participant's benefit commences prior to age 62 and age plus vesting service is greater than 90, only part 2(b) of the Normal Retirement Benefit described above will be reduced for early commencement.

Normal Forms

Unmarried Members: Annuity payable for life.

Married Members: 50% Joint and Survivor Annuity.

Optional Forms:

For Heat Exchangers, Five Years Certain and Life Annuity and 100% Joint and Survivor Annuity.

For Greenville, Joint and Survivor Annuities ranging from 50% to 100%, Certain and Continuous Options and Lump Sum if the Present Value of the Vested Benefit is less than \$10,000.

Schedule SB, Part V - Summary of Plan Provisions

For Retirement Plan, Five Year Certain Annuity, Ten Year Certain Annuity and Joint and Survivor Annuities.

For Service Plan, Ten Year Certain Annuity, 66 2/3% Joint and Survivor Annuity and 100% Joint and Survivor Annuity.

Death Benefits

Heat Exchangers:

Pre-retirement: In the event a married participant dies prior to commencement of vested benefits, their surviving spouse shall be eligible to receive a pension beginning as early as the date the participant would have attained age 45. The amount of the pension shall be equal to the Accrued Benefit, reduced as if the participant had elected a joint and 50% survivor annuity, and further reduced by 2/12 of 1% for each of the first 36 months, 5/12 of 1% for each of the next 84 months, and 4/12 of 1% for each of the next 120 months the benefit commencement precedes the Normal Retirement Date.

Post-Retirement: If a participant dies after retirement and commencement of benefits, the participant's beneficiary shall be entitled to a lump sum benefit of \$4,000 in addition to any survivorship benefit payable under the Plan. This death benefit shall accrue over 10 years of vesting service, from February 1, 1989, at a rate of 1/120 of the \$4,000 benefit for each completed month of service. Accrual is frozen as of March 31, 1998. The death benefit is \$5,000 for participants retiring between February 4, 2001 and June 30, 2001. The death benefit shall be reduced to zero for participants retiring after June 30, 2001.

Greenville:

Pre-retirement: In the event of a married active participant's death after having become eligible for early retirement, the benefit payable to the spouse will be calculated assuming that the participant had retired on the day prior to the death and elected a joint and 100% survivor benefit. In the event of a married vested participant's death, prior to having become eligible for early retirement, the benefit payable to the spouse will be calculated assuming the participant had terminated on the date of death, survived to the earliest retirement age, elected a joint and 100% survivor benefit and died the next day.

Post-Retirement: None except as provided by the annuity form elected.

Retirement Plan:

Pre-retirement: In the event of a married vested participant's death, prior to having become eligible for normal retirement, the benefit payable to the spouse will be the 50% joint and survivor benefit. However, the minimum spouse benefit will be 40% of the amount of the accrued benefit that would have been payable had the participant survived to Normal Retirement. The Average Compensation used to determine the benefit shall be the greater of the participant's earnings in the calendar year prior to death and the Average Compensation at the time of death.

Post-Retirement: None except as provided by the annuity form elected.

Service Plan:

Pre-retirement: In the event a married participant dies prior to commencement of vested benefits, his surviving spouse shall be eligible to receive a pension beginning as early as the date the participant would have attained age 55. The amount of the pension shall be equal to the Accrued Benefit, reduced as if the participant had elected a joint and 50% survivor annuity.

Post-Retirement: None except as provided by the annuity form elected.

Schedule H, line 4j - Schedule of Reportable Transactions: 12/31/15

Plan Sponsor: IG1 013058-01

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with trans	Cost of asset	Current Value of asset on transaction date	Net gain or loss
MassMutual	(Total Return Admin)	0	2,830,925	N/A	0	2,548,550	2,830,925	282,375

* This schedule was completed considering assets held under a MassMutual group annuity contract only

A Name of Plan Chart Pension Plan	B Three-digit plan Number 005
C Plan sponsor's name as shown on line 2a of Form 5500 Chart Industries, Inc.	D Employer Identification Number 341712937

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
Allianz Global Investors	330902855		MassMutual provided the Plan with the required written disclosure for Management Fees received by Allianz Global Investors with respect to NFJ Dividend Value (AllianzGI) separate account (SIA-0A).
Allianz Global Investors	330902855		MassMutual provided the Plan with the required written disclosure for Management Fees received by Allianz Global Investors with respect to NFJ Dividend Value (AllianzGI) separate account (SIA-CAQ).
American Funds	951411037		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to EuroPacific Growth (American) separate account (SIA-KR).
Columbia	560906609		MassMutual provided the Plan with the required written disclosure for Management Fees received by Columbia with respect to Mid Cap Index (Columbia) separate account (SIA-B8).
Columbia	930577450		MassMutual provided the Plan with the required written disclosure for Management Fees received by Columbia with respect to Large Cap Growth III (Columbia) separate account (SIA-0G).
Dodge & Cox	943073289		MassMutual provided the Plan with the required written disclosure for Management Fees received by Dodge & Cox with respect to Income (Dodge and Cox) separate account (SIA-0I).
Franklin/Templeton	596865210		MassMutual provided the Plan with the required written disclosure for Management Fees received by Franklin/Templeton with respect to Global Bond (Templeton) separate account (SIA-UE).
Glenmede	391982827		MassMutual provided the Plan with the required written disclosure for Management Fees received by Glenmede with respect to Small Cap Equity (Glenmede) separate account (SIA-CLG).
JP Morgan	263613641		MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to High Yield (JP Morgan) separate account (SIA-0K).
JP Morgan	311299296		MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to Core Bond (JP Morgan) separate account (SIA-0N).
JP Morgan	311299296		MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to Core Bond (JP Morgan) separate account (SIA-CAP).
JP Morgan	331043149		MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to US Equity (JP Morgan) separate account (SIA-CBH).
Lord Abbett	136995863		MassMutual provided the Plan with the required written disclosure for Management Fees received by Lord Abbett with respect to Small Cap Value (Lord Abbett) separate account (SIA-0O).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadvisor with respect to MM S&P 500 Index (Northern Trust) separate account (SIA-X).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadvisor with respect to MM S&P 500 Index (Northern Trust) separate account (SIA-YX).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Commodity RI Rtn Strat (PIMCO) separate account (SIA-QK).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Core Bond (JP Morgan) separate account (SIA-ON).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to EuroPacific Growth (American) separate account (SIA-KR).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Global Bond (Templeton) separate account (SIA-JE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to High Yield (JP Morgan) separate account (SIA-OK).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to High-Yield (Prudential) separate account (SIA-CHY).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Large Cap Growth III (Columbia) separate account (SIA-OG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Mid Cap Index (Columbia) separate account (SIA-B8).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to NFJ Dividend Value (AllianzGI) separate account (SIA-0A).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to NFJ Dividend Value (AllianzGI) separate account (SIA-CAQ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Research (MFS) separate account (SIA-0Q).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to MM S&P 500 Index (Northern Trust) separate account (SIA-X).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to MM S&P 500 Index (Northern Trust) separate account (SIA-YX).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Money Market (Babson) separate account (SIA-YG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Select MetWest Total Return Bond separate account (SIA-TZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (10 basis points * plan assets) with respect to the Premier Money Market (Babson) separate account (SPYG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (15 basis points * plan assets) with respect to the Select MetWest Total Return Bond separate account (SPTZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (20 basis points * plan assets) with respect to the MM S&P 500 Index (Northern Trust) separate account (SPX).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (20 basis points * plan assets) with respect to the MM S&P 500 Index (Northern Trust) separate account (SPYX).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the Core Bond (JP Morgan) separate account (SIA-CAP).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the EuroPacific Growth (American) separate account (SIA-KR).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the Mid Cap Index (Columbia) separate account (SIA-B8).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the NFJ Dividend Value (AllianzGI) separate account (SIA-CAQ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the Small Cap Value (Lord Abbett) separate account (SIA-00).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the US Equity (JP Morgan) separate account (SIA-CBH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to the NFJ Dividend Value (AllianzGI) separate account (SIA-0A).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to the Small Cap Equity (Glenmede) separate account (SIA-CLG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the Core Bond (JP Morgan) separate account (SIA-ON).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the Global Bond (Templeton) separate account (SIA-UE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the High Yield (JP Morgan) separate account (SIA-OK).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the High-Yield (Prudential) separate account (SIA-CHY).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the International (Oakmark) separate account (SIA-CFV).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the Large Cap Growth III (Columbia) separate account (SIA-0G).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the Research (MFS) separate account (SIA-0Q).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to the Developing Markets (OFI) separate account (SIA-C).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (8 basis points * plan assets) with respect to the Income (Dodge and Cox) separate account (SIA-0I).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MFS Investment Management with respect to Research (MFS) separate account (SIA-0Q).
MFS Investment Management	043158862	MassMutual provided the Plan with the required written disclosure for Management Fees received by Oakmark with respect to International (Oakmark) separate account (SIA-CFV).
Oakmark	043276558	MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Developing Markets (OFI) separate account (SIA-C).
Oppenheimer	936305075	MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to Commodity RI Rtn Strat (PIMCO) separate account (SIA-QK).
PIMCO Funds	952632339	MassMutual provided the Plan with the required written disclosure for Management Fees received by Prudential with respect to High-Yield (Prudential) separate account (SIA-CHY).
Prudential	132974999	

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Age	p	q	pxq	E(Ret.Age)
55	1000.00	0.000	0.00	0.00
56	1000.00	0.000	0.00	0.00
57	1000.00	0.000	0.00	0.00
58	1000.00	0.000	0.00	0.00
59	1000.00	0.000	0.00	0.00
60	1000.00	0.000	0.00	0.00
61	1000.00	0.000	0.00	0.00
62	1000.00	0.800	800.00	49,600.00
63	200.00	0.000	0.00	0.00
64	200.00	0.000	0.00	0.00
65	200.00	1.000	200.00	13,000.00
				<u>62,600.00</u>

Chart Heat Exchangers

Average Retirement Age: 62.6

Participant Count: 213

Age	p	q	pxq	E(Ret.Age)
55	1000.00	0.000	0.00	0.00
56	1000.00	0.000	0.00	0.00
57	1000.00	0.000	0.00	0.00
58	1000.00	0.000	0.00	0.00
59	1000.00	0.000	0.00	0.00
60	1000.00	0.000	0.00	0.00
61	1000.00	0.000	0.00	0.00
62	1000.00	0.000	0.00	0.00
63	1000.00	0.000	0.00	0.00
64	1000.00	0.000	0.00	0.00
65	1000.00	1.000	1000.00	65,000.00
				<u>65,000.00</u>

Chart Greenville Tube

Average Retirement Age: 65

Participant Count: 131

Age	p	q	pxq	E(Ret.Age)
55	1000.00	0.000	0.00	0.00
56	1000.00	0.000	0.00	0.00
57	1000.00	0.000	0.00	0.00
58	1000.00	0.000	0.00	0.00
59	1000.00	0.000	0.00	0.00
60	1000.00	0.000	0.00	0.00
61	1000.00	0.000	0.00	0.00
62	1000.00	0.000	0.00	0.00
63	1000.00	0.000	0.00	0.00
64	1000.00	0.000	0.00	0.00
65	1000.00	1.000	1000.00	65,000.00
				<u>65,000.00</u>

Chart Retirement Income Plan

Average Retirement Age: 65

Participant Count: 354

Age	p	q	pxq	E(Ret.Age)
55	1000.00	0.000	0.00	0.00
56	1000.00	0.000	0.00	0.00
57	1000.00	0.000	0.00	0.00
58	1000.00	0.000	0.00	0.00
59	1000.00	0.000	0.00	0.00
60	1000.00	0.000	0.00	0.00
61	1000.00	0.000	0.00	0.00
62	1000.00	1.000	1000.00	62,000.00
63	0.00	1.000	0.00	0.00
64	0.00	1.000	0.00	0.00
65	0.00	1.000	0.00	0.00
				<u>62,000.00</u>

Chart Service Related Pension Plan

Average Retirement Age: 62

Participant Count: 458

Average Retirement Age for the Total Group: 63

Total Participant Count: 1,156

Schedule SB, Part V - Statement of Actuarial Assumptions & Methods

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

Actuarial Assumptions

Interest: September, 2014 IRS Segmented Yield Curve limited by 2015 MAP-21 corridor as revised by HATFA

Preretirement Mortality: IRC Sec 430 2015 Static Non-Annuitant Tables

Postretirement Mortality: IRC Sec 430 2015 Static Annuitant Tables

Assumed Retirement: Former Chart Heat Exchanger Participants - 80% of participants are assumed to retire at age 62. The remainder retire at normal retirement age or age on valuation date, if greater.

Former Greenville Tube Corporation Participants - Age 65.

Former Retirement Income Plan Participants - The earlier of Normal Retirement Age, or age plus service equal to 98 (not earlier than age 55).

Former Service Related Pension Plan Participants - Age 62.

Termination: Sample rates shown below:

For participants of the former Heat Exchangers Pension Plan:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	3.8%	3.8%
35	2.1%	2.1%
45	1.0%	1.0%
55	0.0%	0.0%

For participants of the former Retirement Income Plan:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	7.2%	17.8%
35	3.5%	8.6%
45	1.4%	4.0%
55	0.6%	1.2%

For participants of the former Service Related Pension Plan:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	14.9%	28.5%
35	7.4%	12.2%
45	2.7%	5.6%
55	0.0%	1.7%

Incidence of Disability: 1955 UAW Disability for participants of the former Chart Service Related Pension Plan. None assumed for all other participants.

Schedule SB, Part V - Statement of Actuarial Assumptions & Methods

Marriage:

Former Chart Heat Exchanger Participants - it is assumed that 85% of males and 85% of females are married and that a male is 4 years older than his female spouse.

Former Greenville Tube Corporation Participants - it is assumed that 90% of males and 60% of females are married and that a male is 3 years older than his female spouse.

Former Retirement Income Plan Participants - it is assumed that 100% of males and 100% of females are married and that a male is 4 years older than his female spouse.

Former Service Related Pension Plan Participants - it is assumed that 100% of males and 100% of females are married and that a male is 4 years older than his female spouse.

Expenses:

Based on previous year's, adjusted to the current year's PBGC.

Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service increase in the current plan year plus administrative expenses expected to be paid out of plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

Asset Valuation Method

The Actuarial Value of Assets is determined using a 3-year averaging method described in IRS Notice 2009-22.

Schedule H, line 4i - Schedule of Assets (Held At End Of Year): 12/31/15
Plan Sponsor: IG1 013058-01

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value
*	MassMutual	Guaranteed Interest Account	314,980	314,980
*	MassMutual	AllianzGI NFJ Dividend Value FD-A	0	0
*	MassMutual	Columbia Marsico Focused Equity FD - A	1,773,447	2,920,662
*	MassMutual	Dodge and Cox Inc	3,591,442	3,870,815
*	MassMutual	JP Morgan High Yield FD - A	728,315	828,324
*	MassMutual	JP Morgan Core Bond	0	0
*	MassMutual	MFS Research FD - A	1,800,628	2,849,011
*	MassMutual	(Mid Cap Index)	2,555,461	3,606,157
*	MassMutual	(Developing Markets)	2,066,940	1,927,529
*	MassMutual	(JP Morgan Core Bond Fund - RS)	3,878,692	3,840,959
*	MassMutual	AllianzGI NFJ Dividend Value FD-Adm	2,976,238	2,788,901
*	MassMutual	JP Morgan US Equity FD	1,822,179	2,886,179
*	MassMutual	Oakmark Intl Fd	2,742,566	2,813,815
*	MassMutual	Prudential High-Yield FD - A	1,660,738	1,701,178
*	MassMutual	Glenmede SM Cap EQ FD	2,388,090	2,379,478
*	MassMutual	(EuroPacific Growth)	2,432,816	2,764,871
*	MassMutual	(Total Return Admin)	0	0
*	MassMutual	(Global Bond)	2,546,157	2,605,186
*	MassMutual	(Select Indexed Eqty)	2,861,065	2,877,044
*	MassMutual	(Select Indexed Eqty)	0	0



Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

Schedule SB, Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25	0		0		0		0		0	
25 to 29	0		3		0		0		0	
30 to 34	0		7		0		0		0	
35 to 39	0		12		1		4		0	
40 to 44	0		16		8		9		0	
45 to 49	0		15		15		7		12	
50 to 54	0		13		21		13		9	
55 to 59	1		13		14		19		9	
60 to 64	0		8		2		16		2	
65 to 69	0		3		2		5		1	
70 & up	0		0		0		0		0	

Attained Age	Years of Credited Service									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25	0		0		0		0		0	
25 to 29	0		0		0		0		0	
30 to 34	0		0		0		0		0	
35 to 39	0		0		0		0		0	
40 to 44	0		0		0		0		0	
45 to 49	0		0		0		0		0	
50 to 54	10		2		0		0		0	
55 to 59	10		35		2		0		0	
60 to 64	4		8		13		0		0	
65 to 69	0		0		1		0		0	
70 & up	0		0		0		0		0	

Schedule SB, Line 19 - Discounted Employer Contributions

Plan Anniversary: January 1, 2015

Plan Effective Rate: 6.30%

<u>Date</u>	<u>Amount Paid in Cash</u>	<u>Plan Year</u>	<u>Value as of January 1, 2015</u>
08/29/16	1,000,000	2015	903,540
Total	<u>\$ 1,000,000</u>		<u>\$ 903,540</u>

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2015**This Form is Open to Public
Inspection**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **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.

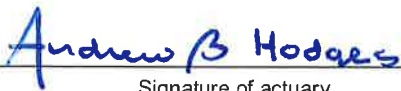
A Name of plan Chart Pension Plan	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Chart Industries, Inc.	D Employer Identification Number (EIN) 34-1712937
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	45,186,621	
b Actuarial value	2b	43,995,579	
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.....	346	19,286,337	19,286,337
b For terminated vested participants.....	445	10,695,002	10,695,002
c For active participants	345	13,015,280	13,100,910
d Total	1,136	42,996,619	43,082,249
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	6.30 %	
6 Target normal cost.....	6	329,071	

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

09/08/2016

Date

Andrew B. Hodges

14-05048

Type or print name of actuary

MassMutual Life Insurance Company

Most recent enrollment number

(860) 562-2195

Firm name

Telephone number (including area code)

100 Bright Meadow Boulevard

Enfield CT 06082

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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2015
v. 150123**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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)	0	0
10 Interest on line 9 using prior year's actual return of _____ %	0	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>6.52</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	102.11 %
15 Adjusted funding target attainment percentage	15	102.11 %
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	100.88 %
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

(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
08/29/2016	1,000,000				
Totals ▶			18(b)	1,000,000	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	903,540

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.72 %2nd segment:
6.11 %3rd segment:
6.81 %☐ 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****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** 329,071**b** Excess assets, if applicable, but not greater than line 31a **31b** 329,071

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0

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

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 903,540

38 Present value of excess contributions for current year (see instructions)	38a	903,540
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**