

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 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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>04/09/2018</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.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B	This return/report is:	☐ the first return/report ☐ an amended return/report ☒ the final 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 ☐ special extension (enter description)	☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>HUDSON PRODUCTS CORPORATION RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>07/11/2002</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>HUDSON PRODUCTS CORPORATION</u> <u>9660 GRUNWALD ROAD</u> <u>BEASLEY, TX 77417</u>	2b	Employer Identification Number (EIN) <u>74-1586257</u>
		2c	Plan Sponsor's telephone number <u>281-396-8100</u>
		2d	Business code (see instructions) <u>339900</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.	02/14/2019	VENESSA VAUGHT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 611
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 414 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 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: 2E 2F 2G 2J 2K 2S 2T 3D 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)** ☐ **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)

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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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>SCHEDULE C</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>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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 04/09/2018		
A Name of plan HUDSON PRODUCTS CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HUDSON PRODUCTS CORPORATION	D Employer Identification Number (EIN) 74-1586257	

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
DODGE & COX
94-1441976

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MAINSTAY
52-2206685

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS
06-1194217

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARBOR
04-2679462

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

AMG

06-1298481

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

PIMCO FUNDS

95-2632339

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

T. ROWE PRICE

52-2264646

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

VANGUARD

23-1945930

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

OPPENHEIMER FUNDS

13-2527171

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

CAMBIAR FUNDS

84-0643524

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

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

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)

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 21 37 50 62 64	SERVICE PROVIDER	22376	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 04/09/2018

A Name of plan <u>HUDSON PRODUCTS CORPORATION RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HUDSON PRODUCTS CORPORATION</u>	D Employer Identification Number (EIN) <u>74-1586257</u>	

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: <u>WELLS FARGO STABLE RETURN FUND N15</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>80-6052573-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IRIDIAN VALUE OPPORTUNITY CIT</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>46-3983572-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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)
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)
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)
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)
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)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 04/09/2018		
A Name of plan HUDSON PRODUCTS CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HUDSON PRODUCTS CORPORATION	D Employer Identification Number (EIN) 74-1586257	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	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)	572218	
(9) Value of interest in common/collective trusts	1c(9)	5598134	
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	14973883	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	21144235 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	16949
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	16949 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21127286 0

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	148921
	(B) Participants	2a(1)(B)	368238
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	517159
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)	5950
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	5950
(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)	22077
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	22077
(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)		7706
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		6512
c Other income.....	2c		1739
d Total income. Add all income amounts in column (b) and enter total	2d		561143

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1973994	
(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)		1973994
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)	22376	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		22376
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1996370

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1435227
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		19692059

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: **BKD, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		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	
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
4e	X		2000000
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	
4f		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	
4g		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	
4h		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	
4i		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	
4j		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		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
CHART INDUSTRIES, INC. 401(K) INVESTMENT AND SAVINGS PLAN	34-1712937	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 04/09/2018

A Name of plan <u>HUDSON PRODUCTS CORPORATION RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUDSON PRODUCTS CORPORATION</u>	D Employer Identification Number (EIN) <u>74-1586257</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
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>41-6257133</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	

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
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- 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):

Hudson Products Corporation
Retirement Savings Plan

EIN 74-1586257 PN 001

Independent Auditor's Report and Financial Statements

April 9, 2018 and December 31, 2017



Hudson Products Corporation
Retirement Savings Plan
April 9, 2018 and December 31, 2017

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Independent Auditor's Report

Plan Administrator
Hudson Products Corporation
Retirement Savings Plan
Beasley, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hudson Products Corporation Retirement Savings Plan (Plan), which comprise the statements of net assets available for benefits as of April 9, 2018, and December 31, 2017, and the related statements of changes in net assets available for benefits for the period from January 1, 2018, through April 9, 2018, and for the year ended December 31, 2017, 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 our 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, auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of April 9, 2018, and December 2017, and for the period from January 1, 2018, through April 9, 2018, and for the year ended December 31, 2017, that the information provided to the Plan administrator by the trustee is complete and accurate.

Plan Administrator
Hudson Products Corporation
Retirement Savings Plan
Page 2

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.

Report on Form and Content in Compliance with the Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, 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*.

BKD, LLP

Evansville, Indiana
February 12, 2019

Federal Employer Identification Number: 44-0160260

Hudson Products Corporation
Retirement Savings Plan
Statements of Net Assets Available for Benefits
April 9, 2018 and December 31, 2017

Assets

	April 9, 2018	December 31, 2017
Investments, at Fair Value	\$ -	\$ 20,572,017
Receivables – Notes receivable from participants	<u>-</u>	<u>572,218</u>
Total assets	-	21,144,235

Liabilities

Administrative fees payable	<u>-</u>	<u>16,949</u>
Net Assets Available for Benefits	<u><u>\$ -</u></u>	<u><u>\$ 21,127,286</u></u>

Hudson Products Corporation
Retirement Savings Plan
Statements of Changes in Net Assets Available for Benefits
Period from January 1, 2018 Through April 9, 2018 and
Year Ended December 31, 2017

	Period from January 1, 2018 Through April 9, 2018	Year Ended December 31, 2017
Investment Income		
Net appreciation in fair value of investments	\$ 15,957	\$ 2,641,864
Interest and dividends	22,077	197,035
	<u>38,034</u>	<u>2,838,899</u>
Net investment income	<u>38,034</u>	<u>2,838,899</u>
Interest Income on Notes Receivable from Participants	<u>5,950</u>	<u>23,128</u>
Contributions		
Participants	368,238	1,524,127
Employer	148,921	577,176
Rollovers	-	7,950
	<u>517,159</u>	<u>2,109,253</u>
Total contributions	<u>517,159</u>	<u>2,109,253</u>
Total additions	<u>561,143</u>	<u>4,971,280</u>
Deductions		
Benefits paid to participants	1,973,994	5,093,383
Administrative expenses	22,376	92,402
	<u>1,996,370</u>	<u>5,185,785</u>
Total deductions	<u>1,996,370</u>	<u>5,185,785</u>
Net Decrease	(1,435,227)	(214,505)
Transfer to Chart Industries, Inc. 401(k) Investment and Savings Plan	(19,692,059)	-
Net Assets Available for Benefits, Beginning of Year	<u>21,127,286</u>	<u>21,341,791</u>
Net Assets Available for Benefits, End of Year	<u>\$ -</u>	<u>\$ 21,127,286</u>

Hudson Products Corporation Retirement Savings Plan

Notes to Financial Statements

April 9, 2018 and December 31, 2017

Note 1: Description of the Plan

The following description of the Hudson Products Corporation Retirement Savings Plan (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 was a defined contribution plan sponsored by Hudson Products Corporation (Company) for the benefit of its nonunion employees who were age 18 or older. A related employer that also participated in the Plan is Cofimco USA, Inc. The Plan was subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Wells Fargo Bank, N.A. was the trustee of the Plan and served as Plan custodian.

Plan Merger

Effective April 9, 2018, the Plan merged with and into the Chart Industries, Inc. 401(k) Investment and Savings Plan. All Plan assets were transferred into the Chart Industries, Inc. 401(k) Investment and Savings Plan in conjunction with this merger.

Contributions

The Plan permitted eligible employees, through a salary deferral election, to have the Company make annual contributions of up to 100% of eligible compensation. Employee rollover contributions were also permitted. Participants who had attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Company matching and profit-sharing contributions were discretionary, as determined by the Company's board of directors. The Company authorized discretionary matching contributions to be made to the Plan at 50% of employees' salary deferral amounts on the first 6% of employees' compensation for the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017. No discretionary profit-sharing contributions were made to the Plan for period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017. Contributions were subject to certain limitations.

Participant Investment Account Options

Each participant had the option of directing his or her contributions into any of the separate investment accounts and could change the allocation daily.

The Plan Document also included an automatic deferral feature whereby a participant was treated as electing to defer a certain percentage of eligible compensation unless the participant made an affirmative election otherwise. The automatic deferral feature also provided for an annual increase in the percentage deferred and was ultimately capped at 10%.

Hudson Products Corporation
Retirement Savings Plan
Notes to Financial Statements
April 9, 2018 and December 31, 2017

Participant Accounts

Each participant's account was credited with the participant's contribution, the Company's contribution and Plan earnings and was charged with an allocation of administrative expenses. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

Participants were immediately vested in their voluntary contributions, plus earnings thereon. Vesting in the Company's contribution portion of their accounts, plus earnings thereon, was based on years of continuous service. A participant was fully vested after three years of continuous service. Benefits accrued in the Smithco Engineering, Inc. 401(k) Profit Sharing Plan, which was merged with and into the Plan during the year ended December 31, 2009, were to be vested after five years of service. The nonvested balance was forfeited upon termination of service.

Notes Receivable from Participants

Participants could borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans were secured by the balance in the participant's account. The loan interest rate was set at 1.0% above the prime rate, as defined. Principal and interest was paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service, an employee could elect to receive either a lump-sum amount equal to the value of his or her account, installment payments or a joint and survivor annuity.

Forfeited Accounts

At April 9, 2018, and December 31, 2017, forfeited nonvested accounts totaled \$0 and \$66,537, respectively. These accounts could be used to reduce future employer contributions or to pay administrative expenses of the Plan. Also, during the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017, the Plan paid administrative expenses of \$136 and \$26,448, respectively, from forfeited nonvested accounts.

Hudson Products Corporation
Retirement Savings Plan
Notes to Financial Statements
April 9, 2018 and December 31, 2017

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments were reported at fair value. Quoted market prices, if available, were used to value investments. Mutual funds were valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. The Plan's interests in the collective trusts were valued at the NAV of units of the collective trust. The NAV was used as a practical expedient to estimate fair value of the collective trust investments.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants were measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans were reclassified as distributions based upon the terms of the Plan Document.

Payment of Benefits

Benefit payments to participants were recorded upon distribution.

Administrative Expenses

Administrative expenses could be paid by the Company or the Plan, at the Company's discretion.

Hudson Products Corporation
Retirement Savings Plan
Notes to Financial Statements
April 9, 2018 and December 31, 2017

Note 3: Certification of Plan Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee of the Plan, has certified the following information for the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017, included in the accompanying financial statements is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2017
- Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the period from January 1, 2018, through April 9, 2018 and for the year ended December 31, 2017

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

Note 4: Related-Party and Party-in-Interest Transactions

Party-in-interest transactions included those with fiduciaries or employees of the Plan, any person who provided services to the Plan, an employer whose employees were covered by the Plan and an employee organization the members of which were covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

The Plan invested in certain funds of the Plan trustee. The Plan recorded \$19,876 and \$74,902 of administrative fees to Wells Fargo Bank, N.A. during the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017, respectively. The Company also recorded \$2,500 and \$17,500 of fees to the third-party investment advisor during the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2018, respectively. The Company provides certain administrative services at no cost to the Plan.

Note 5: Disclosure About Fair Value of Plan Assets and Liabilities

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Hudson Products Corporation Retirement Savings Plan

Notes to Financial Statements

April 9, 2018 and December 31, 2017

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value in the hierarchy.

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefit measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2017:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
December 31, 2017				
Mutual funds	\$ 14,973,883	<u>\$ 14,973,883</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value (A)				
Collective trust funds	<u>5,598,134</u>			
	<u>\$ 20,572,017</u>			

- (A) In accordance with Subtopic 820-10, certain investments that were measured at the NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Hudson Products Corporation Retirement Savings Plan

Notes to Financial Statements

April 9, 2018 and December 31, 2017

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There had been no significant changes in the valuation techniques during the period ended April 9, 2018. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices were available in an active market, investments were classified within Level 1 of the valuation hierarchy. If quoted market prices were not available, then fair values were estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such investments were classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, investments were classified within Level 3 of the hierarchy.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes the investments for which fair value was measured using the NAV per share practical expedient as of December 31, 2017. There were no participant redemption restrictions for these investments; the redemption notice period was applicable only to the Plan.

	Fair Value	December 31, 2017		
		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Wells Fargo Stable Return Fund	\$4,953,640	N/A	Daily	12 months
Iridian Value Opportunity Collective Investment Trust	\$ 644,494	N/A	Daily	12 months

Note 6: Tax Status

The Plan operated under a defined contribution volume submitter plan and trust document sponsored by Wells Fargo Bank, N.A. This volume submitter plan document had been filed with the appropriate agency. The Plan had not obtained or requested a determination letter. However, the Plan administrator believed the Plan was designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and was qualified and the related trust was tax exempt as of the financial statement date.

Hudson Products Corporation Retirement Savings Plan

**Notes to Financial Statements
April 9, 2018 and December 31, 2017**

Note 7: Subsequent Events

Subsequent events have been evaluated through February 12, 2019, which is the date the financial statements were available to be issued.

Hudson Products Corporation
Retirement Savings Plan

EIN 74-1586257 PN 001

Independent Auditor's Report and Financial Statements

April 9, 2018 and December 31, 2017



Hudson Products Corporation
Retirement Savings Plan
April 9, 2018 and December 31, 2017

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Independent Auditor's Report

Plan Administrator
Hudson Products Corporation
Retirement Savings Plan
Beasley, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hudson Products Corporation Retirement Savings Plan (Plan), which comprise the statements of net assets available for benefits as of April 9, 2018, and December 31, 2017, and the related statements of changes in net assets available for benefits for the period from January 1, 2018, through April 9, 2018, and for the year ended December 31, 2017, 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 our 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, auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of April 9, 2018, and December 2017, and for the period from January 1, 2018, through April 9, 2018, and for the year ended December 31, 2017, that the information provided to the Plan administrator by the trustee is complete and accurate.

Plan Administrator
Hudson Products Corporation
Retirement Savings Plan
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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.

Report on Form and Content in Compliance with the Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, 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*.

BKD, LLP

Evansville, Indiana
February 12, 2019

Federal Employer Identification Number: 44-0160260

Hudson Products Corporation
Retirement Savings Plan
Statements of Net Assets Available for Benefits
April 9, 2018 and December 31, 2017

Assets

	April 9, 2018	December 31, 2017
Investments, at Fair Value	\$ -	\$ 20,572,017
Receivables – Notes receivable from participants	<u>-</u>	<u>572,218</u>
Total assets	-	21,144,235

Liabilities

Administrative fees payable	<u>-</u>	<u>16,949</u>
Net Assets Available for Benefits	<u><u>\$ -</u></u>	<u><u>\$ 21,127,286</u></u>

Hudson Products Corporation
Retirement Savings Plan
Statements of Changes in Net Assets Available for Benefits
Period from January 1, 2018 Through April 9, 2018 and
Year Ended December 31, 2017

	Period from January 1, 2018 Through April 9, 2018	Year Ended December 31, 2017
Investment Income		
Net appreciation in fair value of investments	\$ 15,957	\$ 2,641,864
Interest and dividends	22,077	197,035
	<u>38,034</u>	<u>2,838,899</u>
Net investment income	<u>38,034</u>	<u>2,838,899</u>
Interest Income on Notes Receivable from Participants	<u>5,950</u>	<u>23,128</u>
Contributions		
Participants	368,238	1,524,127
Employer	148,921	577,176
Rollovers	-	7,950
	<u>517,159</u>	<u>2,109,253</u>
Total contributions	<u>517,159</u>	<u>2,109,253</u>
Total additions	<u>561,143</u>	<u>4,971,280</u>
Deductions		
Benefits paid to participants	1,973,994	5,093,383
Administrative expenses	22,376	92,402
	<u>1,996,370</u>	<u>5,185,785</u>
Total deductions	<u>1,996,370</u>	<u>5,185,785</u>
Net Decrease	(1,435,227)	(214,505)
Transfer to Chart Industries, Inc. 401(k) Investment and Savings Plan	(19,692,059)	-
Net Assets Available for Benefits, Beginning of Year	<u>21,127,286</u>	<u>21,341,791</u>
Net Assets Available for Benefits, End of Year	<u>\$ -</u>	<u>\$ 21,127,286</u>

Hudson Products Corporation Retirement Savings Plan

Notes to Financial Statements

April 9, 2018 and December 31, 2017

Note 1: Description of the Plan

The following description of the Hudson Products Corporation Retirement Savings Plan (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 was a defined contribution plan sponsored by Hudson Products Corporation (Company) for the benefit of its nonunion employees who were age 18 or older. A related employer that also participated in the Plan is Cofimco USA, Inc. The Plan was subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Wells Fargo Bank, N.A. was the trustee of the Plan and served as Plan custodian.

Plan Merger

Effective April 9, 2018, the Plan merged with and into the Chart Industries, Inc. 401(k) Investment and Savings Plan. All Plan assets were transferred into the Chart Industries, Inc. 401(k) Investment and Savings Plan in conjunction with this merger.

Contributions

The Plan permitted eligible employees, through a salary deferral election, to have the Company make annual contributions of up to 100% of eligible compensation. Employee rollover contributions were also permitted. Participants who had attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Company matching and profit-sharing contributions were discretionary, as determined by the Company's board of directors. The Company authorized discretionary matching contributions to be made to the Plan at 50% of employees' salary deferral amounts on the first 6% of employees' compensation for the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017. No discretionary profit-sharing contributions were made to the Plan for period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017. Contributions were subject to certain limitations.

Participant Investment Account Options

Each participant had the option of directing his or her contributions into any of the separate investment accounts and could change the allocation daily.

The Plan Document also included an automatic deferral feature whereby a participant was treated as electing to defer a certain percentage of eligible compensation unless the participant made an affirmative election otherwise. The automatic deferral feature also provided for an annual increase in the percentage deferred and was ultimately capped at 10%.

Hudson Products Corporation
Retirement Savings Plan
Notes to Financial Statements
April 9, 2018 and December 31, 2017

Participant Accounts

Each participant's account was credited with the participant's contribution, the Company's contribution and Plan earnings and was charged with an allocation of administrative expenses. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

Participants were immediately vested in their voluntary contributions, plus earnings thereon. Vesting in the Company's contribution portion of their accounts, plus earnings thereon, was based on years of continuous service. A participant was fully vested after three years of continuous service. Benefits accrued in the Smithco Engineering, Inc. 401(k) Profit Sharing Plan, which was merged with and into the Plan during the year ended December 31, 2009, were to be vested after five years of service. The nonvested balance was forfeited upon termination of service.

Notes Receivable from Participants

Participants could borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans were secured by the balance in the participant's account. The loan interest rate was set at 1.0% above the prime rate, as defined. Principal and interest was paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service, an employee could elect to receive either a lump-sum amount equal to the value of his or her account, installment payments or a joint and survivor annuity.

Forfeited Accounts

At April 9, 2018, and December 31, 2017, forfeited nonvested accounts totaled \$0 and \$66,537, respectively. These accounts could be used to reduce future employer contributions or to pay administrative expenses of the Plan. Also, during the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017, the Plan paid administrative expenses of \$136 and \$26,448, respectively, from forfeited nonvested accounts.

Hudson Products Corporation
Retirement Savings Plan
Notes to Financial Statements
April 9, 2018 and December 31, 2017

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments were reported at fair value. Quoted market prices, if available, were used to value investments. Mutual funds were valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. The Plan's interests in the collective trusts were valued at the NAV of units of the collective trust. The NAV was used as a practical expedient to estimate fair value of the collective trust investments.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants were measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans were reclassified as distributions based upon the terms of the Plan Document.

Payment of Benefits

Benefit payments to participants were recorded upon distribution.

Administrative Expenses

Administrative expenses could be paid by the Company or the Plan, at the Company's discretion.

Hudson Products Corporation
Retirement Savings Plan
Notes to Financial Statements
April 9, 2018 and December 31, 2017

Note 3: Certification of Plan Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee of the Plan, has certified the following information for the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017, included in the accompanying financial statements is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2017
- Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the period from January 1, 2018, through April 9, 2018 and for the year ended December 31, 2017

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

Note 4: Related-Party and Party-in-Interest Transactions

Party-in-interest transactions included those with fiduciaries or employees of the Plan, any person who provided services to the Plan, an employer whose employees were covered by the Plan and an employee organization the members of which were covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

The Plan invested in certain funds of the Plan trustee. The Plan recorded \$19,876 and \$74,902 of administrative fees to Wells Fargo Bank, N.A. during the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017, respectively. The Company also recorded \$2,500 and \$17,500 of fees to the third-party investment advisor during the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2018, respectively. The Company provides certain administrative services at no cost to the Plan.

Note 5: Disclosure About Fair Value of Plan Assets and Liabilities

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Hudson Products Corporation Retirement Savings Plan

Notes to Financial Statements

April 9, 2018 and December 31, 2017

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value in the hierarchy.

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefit measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2017:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
December 31, 2017				
Mutual funds	\$ 14,973,883	\$ 14,973,883	\$ -	\$ -
Investments measured at net asset value (A)				
Collective trust funds	5,598,134			
	<u>\$ 20,572,017</u>			

- (A) In accordance with Subtopic 820-10, certain investments that were measured at the NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Hudson Products Corporation Retirement Savings Plan

Notes to Financial Statements

April 9, 2018 and December 31, 2017

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There had been no significant changes in the valuation techniques during the period ended April 9, 2018. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices were available in an active market, investments were classified within Level 1 of the valuation hierarchy. If quoted market prices were not available, then fair values were estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such investments were classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, investments were classified within Level 3 of the hierarchy.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes the investments for which fair value was measured using the NAV per share practical expedient as of December 31, 2017. There were no participant redemption restrictions for these investments; the redemption notice period was applicable only to the Plan.

	Fair Value	December 31, 2017		
		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Wells Fargo Stable Return Fund	\$4,953,640	N/A	Daily	12 months
Iridian Value Opportunity Collective Investment Trust	\$ 644,494	N/A	Daily	12 months

Note 6: Tax Status

The Plan operated under a defined contribution volume submitter plan and trust document sponsored by Wells Fargo Bank, N.A. This volume submitter plan document had been filed with the appropriate agency. The Plan had not obtained or requested a determination letter. However, the Plan administrator believed the Plan was designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and was qualified and the related trust was tax exempt as of the financial statement date.

Hudson Products Corporation Retirement Savings Plan

**Notes to Financial Statements
April 9, 2018 and December 31, 2017**

Note 7: Subsequent Events

Subsequent events have been evaluated through February 12, 2019, which is the date the financial statements were available to be issued.

Hudson Products Corporation
Retirement Savings Plan

EIN 74-1586257 PN 001

Independent Auditor's Report and Financial Statements
April 9, 2018 and December 31, 2017



Hudson Products Corporation
Retirement Savings Plan
April 9, 2018 and December 31, 2017

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Independent Auditor's Report

Plan Administrator
Hudson Products Corporation
Retirement Savings Plan
Beasley, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hudson Products Corporation Retirement Savings Plan (Plan), which comprise the statements of net assets available for benefits as of April 9, 2018, and December 31, 2017, and the related statements of changes in net assets available for benefits for the period from January 1, 2018, through April 9, 2018, and for the year ended December 31, 2017, 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 our 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, auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of April 9, 2018, and December 2017, and for the period from January 1, 2018, through April 9, 2018, and for the year ended December 31, 2017, that the information provided to the Plan administrator by the trustee is complete and accurate.

Plan Administrator
Hudson Products Corporation
Retirement Savings Plan
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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.

Report on Form and Content in Compliance with the Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, 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*.

BKD, LLP

Evansville, Indiana
February 12, 2019

Federal Employer Identification Number: 44-0160260

Hudson Products Corporation
Retirement Savings Plan
Statements of Net Assets Available for Benefits
April 9, 2018 and December 31, 2017

Assets

	April 9, 2018	December 31, 2017
Investments, at Fair Value	\$ -	\$ 20,572,017
Receivables – Notes receivable from participants	<u>-</u>	<u>572,218</u>
Total assets	-	21,144,235

Liabilities

Administrative fees payable	<u>-</u>	<u>16,949</u>
Net Assets Available for Benefits	<u><u>\$ -</u></u>	<u><u>\$ 21,127,286</u></u>

Hudson Products Corporation
Retirement Savings Plan
Statements of Changes in Net Assets Available for Benefits
Period from January 1, 2018 Through April 9, 2018 and
Year Ended December 31, 2017

	Period from January 1, 2018 Through April 9, 2018	Year Ended December 31, 2017
Investment Income		
Net appreciation in fair value of investments	\$ 15,957	\$ 2,641,864
Interest and dividends	22,077	197,035
	<u>38,034</u>	<u>2,838,899</u>
Net investment income		
	<u>38,034</u>	<u>2,838,899</u>
Interest Income on Notes Receivable from Participants	<u>5,950</u>	<u>23,128</u>
Contributions		
Participants	368,238	1,524,127
Employer	148,921	577,176
Rollovers	-	7,950
	<u>517,159</u>	<u>2,109,253</u>
Total contributions		
	<u>517,159</u>	<u>2,109,253</u>
Total additions	<u>561,143</u>	<u>4,971,280</u>
Deductions		
Benefits paid to participants	1,973,994	5,093,383
Administrative expenses	22,376	92,402
	<u>1,996,370</u>	<u>5,185,785</u>
Total deductions		
	<u>1,996,370</u>	<u>5,185,785</u>
Net Decrease	(1,435,227)	(214,505)
Transfer to Chart Industries, Inc. 401(k) Investment and Savings Plan	(19,692,059)	-
Net Assets Available for Benefits, Beginning of Year	<u>21,127,286</u>	<u>21,341,791</u>
Net Assets Available for Benefits, End of Year	<u>\$ -</u>	<u>\$ 21,127,286</u>

Hudson Products Corporation Retirement Savings Plan

Notes to Financial Statements

April 9, 2018 and December 31, 2017

Note 1: Description of the Plan

The following description of the Hudson Products Corporation Retirement Savings Plan (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 was a defined contribution plan sponsored by Hudson Products Corporation (Company) for the benefit of its nonunion employees who were age 18 or older. A related employer that also participated in the Plan is Cofimco USA, Inc. The Plan was subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Wells Fargo Bank, N.A. was the trustee of the Plan and served as Plan custodian.

Plan Merger

Effective April 9, 2018, the Plan merged with and into the Chart Industries, Inc. 401(k) Investment and Savings Plan. All Plan assets were transferred into the Chart Industries, Inc. 401(k) Investment and Savings Plan in conjunction with this merger.

Contributions

The Plan permitted eligible employees, through a salary deferral election, to have the Company make annual contributions of up to 100% of eligible compensation. Employee rollover contributions were also permitted. Participants who had attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Company matching and profit-sharing contributions were discretionary, as determined by the Company's board of directors. The Company authorized discretionary matching contributions to be made to the Plan at 50% of employees' salary deferral amounts on the first 6% of employees' compensation for the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017. No discretionary profit-sharing contributions were made to the Plan for period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017. Contributions were subject to certain limitations.

Participant Investment Account Options

Each participant had the option of directing his or her contributions into any of the separate investment accounts and could change the allocation daily.

The Plan Document also included an automatic deferral feature whereby a participant was treated as electing to defer a certain percentage of eligible compensation unless the participant made an affirmative election otherwise. The automatic deferral feature also provided for an annual increase in the percentage deferred and was ultimately capped at 10%.

Hudson Products Corporation
Retirement Savings Plan
Notes to Financial Statements
April 9, 2018 and December 31, 2017

Participant Accounts

Each participant's account was credited with the participant's contribution, the Company's contribution and Plan earnings and was charged with an allocation of administrative expenses. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

Participants were immediately vested in their voluntary contributions, plus earnings thereon. Vesting in the Company's contribution portion of their accounts, plus earnings thereon, was based on years of continuous service. A participant was fully vested after three years of continuous service. Benefits accrued in the Smithco Engineering, Inc. 401(k) Profit Sharing Plan, which was merged with and into the Plan during the year ended December 31, 2009, were to be vested after five years of service. The nonvested balance was forfeited upon termination of service.

Notes Receivable from Participants

Participants could borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans were secured by the balance in the participant's account. The loan interest rate was set at 1.0% above the prime rate, as defined. Principal and interest was paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service, an employee could elect to receive either a lump-sum amount equal to the value of his or her account, installment payments or a joint and survivor annuity.

Forfeited Accounts

At April 9, 2018, and December 31, 2017, forfeited nonvested accounts totaled \$0 and \$66,537, respectively. These accounts could be used to reduce future employer contributions or to pay administrative expenses of the Plan. Also, during the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017, the Plan paid administrative expenses of \$136 and \$26,448, respectively, from forfeited nonvested accounts.

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Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments were reported at fair value. Quoted market prices, if available, were used to value investments. Mutual funds were valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. The Plan's interests in the collective trusts were valued at the NAV of units of the collective trust. The NAV was used as a practical expedient to estimate fair value of the collective trust investments.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants were measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans were reclassified as distributions based upon the terms of the Plan Document.

Payment of Benefits

Benefit payments to participants were recorded upon distribution.

Administrative Expenses

Administrative expenses could be paid by the Company or the Plan, at the Company's discretion.

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Note 3: Certification of Plan Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee of the Plan, has certified the following information for the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017, included in the accompanying financial statements is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2017
- Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the period from January 1, 2018, through April 9, 2018 and for the year ended December 31, 2017

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

Note 4: Related-Party and Party-in-Interest Transactions

Party-in-interest transactions included those with fiduciaries or employees of the Plan, any person who provided services to the Plan, an employer whose employees were covered by the Plan and an employee organization the members of which were covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

The Plan invested in certain funds of the Plan trustee. The Plan recorded \$19,876 and \$74,902 of administrative fees to Wells Fargo Bank, N.A. during the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2017, respectively. The Company also recorded \$2,500 and \$17,500 of fees to the third-party investment advisor during the period from January 1, 2018, through April 9, 2018, and year ended December 31, 2018, respectively. The Company provides certain administrative services at no cost to the Plan.

Note 5: Disclosure About Fair Value of Plan Assets and Liabilities

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

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- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value in the hierarchy.

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefit measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2017:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
December 31, 2017				
Mutual funds	\$ 14,973,883	\$ 14,973,883	\$ -	\$ -
Investments measured at net asset value (A)				
Collective trust funds	5,598,134			
	<u>\$ 20,572,017</u>			

- (A) In accordance with Subtopic 820-10, certain investments that were measured at the NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

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Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There had been no significant changes in the valuation techniques during the period ended April 9, 2018. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices were available in an active market, investments were classified within Level 1 of the valuation hierarchy. If quoted market prices were not available, then fair values were estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such investments were classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, investments were classified within Level 3 of the hierarchy.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes the investments for which fair value was measured using the NAV per share practical expedient as of December 31, 2017. There were no participant redemption restrictions for these investments; the redemption notice period was applicable only to the Plan.

		December 31, 2017		
		Fair Value	Unfunded Commitments	Redemption Frequency Redemption Notice Period
Wells Fargo Stable Return Fund	\$ 4,953,640	N/A	Daily	12 months
Iridian Value Opportunity Collective Investment Trust	\$ 644,494	N/A	Daily	12 months

Note 6: Tax Status

The Plan operated under a defined contribution volume submitter plan and trust document sponsored by Wells Fargo Bank, N.A. This volume submitter plan document had been filed with the appropriate agency. The Plan had not obtained or requested a determination letter. However, the Plan administrator believed the Plan was designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and was qualified and the related trust was tax exempt as of the financial statement date.

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Note 7: Subsequent Events

Subsequent events have been evaluated through February 12, 2019, which is the date the financial statements were available to be issued.