

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2021</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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 ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>CHART PENSION PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHART INDUSTRIES, INC.</u> <u>2200 AIRPORT INDUSTRIAL DRIVE</u> <u>SUITE 100</u> <u>BALL GROUND, GA 30107</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>005</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/03/1986</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1712937</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>770-721-8800</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>332300</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>005</u>	1c Effective date of plan <u>01/03/1986</u>		2b Employer Identification Number (EIN) <u>34-1712937</u>		2c Plan Sponsor's telephone number <u>770-721-8800</u>		2d Business code (see instructions) <u>332300</u>	
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2c Plan Sponsor's telephone number <u>770-721-8800</u>											
2d Business code (see instructions) <u>332300</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	JAMIE MALECHA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	JAMIE MALECHA
	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.

3a Plan administrator's name and address ☐ Same as Plan Sponsor CHART INDUSTRIES, INC. 2200 AIRPORT INDUSTRIAL DRIVE SUITE 100 BALL GROUND, GA 30107	3b Administrator's EIN 34-1712937 3c Administrator's telephone number 770-721-8800
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	5 831
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) 200 6a(2) 176 6b 448 6c 269 6d 893 6e 40 6f 933 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CHART PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 CHART INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1712937

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	IG1 13058		01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	2020425
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	59890747

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

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

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

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

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

b Balance at the end of the previous year	7b	1808666
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	20165	
	7c(4)	3147895	
	7c(5)	92863	

▶ **PLAN MERGER**

(6) Total additions	7c(6)	3260923
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d Total of balance and additions (add lines 7b and 7c(6))	7d	5069589
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2844620	
	7e(2)	0	
	7e(3)	0	
	7e(4)	204544	

▶ **PAYMENT TO PBGC**

(5) Total deductions	7e(5)	3049164
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2020425
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>53933488</u>
b Actuarial value	2b <u>48892748</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>479</u> (2) Vested Funding Target <u>28804989</u> (3) Total Funding Target <u>28804989</u>
b For terminated vested participants.....	<u>226</u> <u>9977877</u> <u>9977877</u>
c For active participants	<u>200</u> <u>7511737</u> <u>7687568</u>
d Total.....	<u>905</u> <u>46294603</u> <u>46470434</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.53</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>205344</u>
c Total (line 6a + line 6b)	6c <u>205344</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/11/2022</u> Date
Signature of actuary		
<u>ANDREW B. HODGES</u> Type or print name of actuary		<u>20-05048</u> Most recent enrollment number
<u>MILLIMAN, INC.</u> Firm name		<u>562-661-8727</u> Telephone number (including area code)
<u>3424 PEACHTREE ROAD, SUITE 1900</u> <u>ATLANTA, GA 30326</u> Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.73</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		349563
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> %		18597
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		368160
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	105.21 %
15 Adjusted funding target attainment percentage	15	105.21 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.66 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years.....**28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

205344

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

205344

32 Amortization installments:**a** Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

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

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....**38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHART PENSION PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 CHART INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1712937	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

GREAT WEST LIFE & ANNUITY INS. CO.

84-0467907

(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 49	ADMINISTRATIVE SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	102190	Yes ☐ No ☒

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

RAYMOND JAMES FINANCIAL SERVICES AD

59-2937883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	30000	Yes ☐ No ☒

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

BDO USA, LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITING SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	13450	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
BDO USA LLP	10	13450

(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.
GREAT WEST LIFE & ANNUITY INS. CO. 04-1590850	PLAN RELATED EXPENSES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	15	2590

(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.
GREAT WEST LIFE & ANNUITY INS. CO. 84-0467907	PLAN RELATED EXPENSES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	15	2600

(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.
GREAT WEST LIFE & ANNUITY INS. CO. 84-0467907	PLAN RELATED EXPENSES

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
GREAT WEST LIFE & ANNUITY INS. CO.	49	97000

(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.
GREAT WEST LIFE & ANNUITY INS. CO. 84-0467907	PLAN RELATED EXPENSES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RAYMOND JAMES FINANCIAL SERVICES AD	27	30000

(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.
GREAT WEST LIFE & ANNUITY INS. CO. 84-0467907	PLAN RELATED EXPENSES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part I	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>SIA-0I</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5257403</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>OQ</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5418248</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-B8</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6106330</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-C</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1516863</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CAQ</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</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>SIA-CBH</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5293445</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CFV</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2187650</u>		

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

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2384301
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CLG**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4958285
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JMF**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5157826
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-KR**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2225891
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-RQ**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3984552
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-UE**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-X**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5233867
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-OK**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2374579
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JYK**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-3331055-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5259248
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-OI**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 232100
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-0Q		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 239193
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-B8		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 269591
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-C		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66971
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CBH		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 233694
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CFV		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96622
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CHY		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105262
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CLG		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218911
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JMF		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 227715
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-KR		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98273
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-RQ		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175860

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

231049

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-0K**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE**c** EIN-PN 90-0779283-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

104834

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JYK**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE**c** EIN-PN 04-3331055-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

232181

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)

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHART PENSION PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 CHART INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1712937	

Part I	Asset and Liability Statement
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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)	0	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	52124822	59890747
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1808666	2020425
(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	53933488 61911172
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	53933488 61911172

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)	
	(B) Participants	2a(1)(B)	
	(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)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	20165
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	20165
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		8594334
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8614499
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2844621	
(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)		2844621
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)	204544	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		204544
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3049165
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		5565334
l Transfers of assets:			
(1) To this plan.....	2l(1)		2412350
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BDO

(2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
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.)			
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.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?			
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?			
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.)			
4m			
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.			
4n			
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 _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 442722 _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1590850		
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	0

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

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

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

Schedule R (Form 5500) 2021
v. 201209

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

- 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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____



The Chart Pension Plan

Financial Statements and ERISA-Required Supplemental Schedules

As of and for the Years Ended
December 31, 2021 and 2020

The Chart Pension Plan

Financial Statements and ERISA-Required Supplemental Schedules

As of and for the Years Ended December 31, 2021 and 2020

The Chart Pension Plan

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ERISA-Required Supplemental Schedules

Schedule H, line 4i—Schedule of Assets (Held at End of Year)— December 31, 2021	18
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Schedule H, line 4j—Schedule of Reportable Transactions— Year Ended December 31, 2021	20
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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

To the Plan Administrator
The Chart Pension Plan
Ball Ground, Georgia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of The Chart Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA ("ERISA Section 103(a)(3)(C) audit"). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency ("qualified institution"), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2021 and 2020, and for the year ended December 31, 2021 and 2020, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP"); and
- the certified investment information in the accompanying financial statements agree to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.



Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter –Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i–Schedule of Assets (Held at End of Year) as of December 31, 2021 and Schedule H, line 4j–Schedule of Reportable Transactions for the year ended December 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, LLP

Atlanta, Georgia
October 12, 2022

Financial Statements

The Chart Pension Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2021	2020
Assets		
Investments:		
Investments, at fair value	\$ 59,890,747	\$ 52,124,822
Guaranteed interest account, at contract value	2,020,425	1,808,666
Total investments	61,911,172	53,933,488
Net Assets Available for Benefits	\$ 61,911,172	\$ 53,933,488

See accompanying notes to financial statements.

The Chart Pension Plan

Statements of Changes in Net Assets Available for Benefits

<i>Years Ended December 31,</i>	2021	2020
Additions:		
Investment income:		
Interest income	\$ 20,165	\$ 25,681
Net appreciation in fair value of investments	8,594,334	6,582,170
Total investment income	8,614,499	6,607,851
Employer contributions	-	357,324
Total additions	8,614,499	6,965,175
Deductions:		
Benefits paid to participants	(2,844,621)	(2,685,836)
Administrative expenses	(204,544)	(249,599)
Total deductions	(3,049,165)	(2,935,435)
Net increase	5,565,334	4,029,740
Transfer in due to merger (note 1)	2,412,350	-
Net assets available for benefits, beginning of year	53,933,488	49,903,748
Net assets available for benefits, end of year	\$ 61,911,172	\$ 53,933,488

See accompanying notes to financial statements.

The Chart Pension Plan

Notes to Financial Statements

1. Description of the Plan

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

General

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

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

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

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

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

On January 1, 2020, the plan document was restated to document mergers describe above and incorporate prior amendments to the Plan. The restated master document contains the basic provisions of the Plan with respect to organization and administration of the Plan and is not intended to increase or decrease any benefits accrued under the Plan or any of the merged plans prior to the effective date, except those provided in prior amendments to the Plan or pursuant to the terms of an applicable collective bargaining agreement.

During Plan Year 2018, the Company acquired SmithCo Engineering, Inc. and became the Plan Sponsor of the SmithCo Pension Plan. The SmithCo Pension Plan was effectively frozen on May 4, 2017 and participants do not accrue service or earnings for benefit payment calculation purposes subsequent to that date. Effective February 28, 2021, the Plan was amended to merge the SmithCo Pension Plan into the Chart Pension Plan. Accordingly, plan assets amounting to \$2.4 million were transferred into the Plan. All the SmithCo Pension Plan assets had transferred into the Chart Pension Plan as of March 1, 2021.

The Chart Pension Plan

Notes to Financial Statements

The Plan utilizes Empower Retirement, LLC ("Empower") as its record-keeper, which was formally Massachusetts Mutual Life Insurance Company ("MassMutual"). On January 4, 2021, Empower completed the acquisition of the retirement plan and group insurance business of MassMutual. Through this transaction, group insurance business written by MassMutual is reinsured by Great-West Life & Annuity Insurance Company ("GWL&A"). Empower refers to the products and services offered by GWL&A and its subsidiaries.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company's contributions have met the ERISA minimum funding requirements for 2021 and 2020.

Although it has not expressed any intention to do so, the Company has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to the provisions set forth in ERISA.

Plan Benefits

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

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

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

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

Greenville Tube Corporation Pension Plan for Salaried Employees

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

The Chart Pension Plan

Notes to Financial Statements

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

Chart, Inc. Retirement Income Plan

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

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

Chart, Inc. Service Related Pension Plan

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

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

SmithCo Pension Plan

Participants are entitled to a monthly benefit based on years of past service multiplied by the applicable benefit rate, depending on the timing of service. Early retirement is permitted at ages 60 through 64 with a reduced benefit based on the months by which payment commenced prior to the participant's normal retirement date. Late retirement is also permitted, with benefits continuing to accrue, so long as limitations are not exceeded, which would result in required distributions.

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

The Chart Pension Plan

Notes to Financial Statements

In addition, for all merged plans, benefits are paid to participants without an eligible spouse in the form of a life-only pension, unless a different payment option has been elected. Participants have the option of electing to have benefits paid in the form of a life annuity with ten years certain or a joint and 100 percent, 66⅔ percent, or 50 percent survivor annuity.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments are recorded upon distribution.

Administrative Expenses

Substantially all Plan expenses were paid by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation/depreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

3. Actuarial Present Value of Accumulated Plan Benefit Obligations

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions for service rendered by the employees through the date the respective plan was frozen (see Notes 1 and 3). Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered through the date the respective plan was frozen.

The Chart Pension Plan

Notes to Financial Statements

Consulting actuaries from Milliman estimated the actuarial present value of accumulated plan benefits at December 31, 2020, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

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

<i>December 31,</i>	<i>2020</i>
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 24,648,504
Participants entitled to deferred benefits	8,204,320
Other participants	6,359,057
Total vested benefits	39,211,881
Non-vested benefits	133,082
Total actuarial present value of accumulated plan benefits	\$ 39,344,963

The changes in accumulated plan benefits were as follows:

<i>Year Ended December 31,</i>	<i>2020</i>
Actuarial present value of accumulated plan benefits, beginning of year	\$ 39,045,516
Increase (decrease) during the year attributed to:	
Passage of time increase	2,733,438
Benefits paid	(2,685,836)
Other	251,845
Total increase	299,447
Actuarial present value of accumulated benefits, end of year	\$ 39,344,963

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

Interest rate	7.25%
Actuarial cost method	Unit Credit
Retirement age	80 percent of participants are assumed to retire at age 62, the remainder retire at normal retirement age or age on the valuation date, if greater, for former Chart Heat Exchangers participants; age 65 for the former GTC participants; the earlier of normal retirement age or age plus service equal to 98 (not earlier than age 55) for former RIP participants; age 62 for the former SRPP participants. Terminated vested employees are assumed to retire at age 65.
Mortality basis	The Pri-2012 Blue Collar mortality tables for Chart Heat Exchangers, Greenville Tube Corporation, and the Former Service Related Pension Plan - the Pri-2012 No Collar mortality table for the Retirement Income Plan, projected fully generationally using Scale MP-2021.

The Chart Pension Plan

Notes to Financial Statements

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2021. Had the valuation been performed as of December 31, there would be no material differences.

Effective March 1, 2021, the SmithCo Plan merged into the Chart Plan.

The actuarial present value of the accumulated plan benefits as of March 1, 2020, which was the most recently available report, is as follows:

March 1,	2020
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 997,965
Participants entitled to deferred benefits	1,197,744
Total actuarial present value of accumulated plan benefits	\$ 2,195,709
Actuarial present value of accumulated plan benefits at March 1, 2019	\$ 2,159,437
Increase (decrease) during the year attributed to:	
Passage of time increase	116,489
Benefits paid	(84,052)
Other	3,835
Total increase	36,272
Actuarial present value of accumulated plan benefits at March 1, 2020	\$ 2,195,709

The significant actuarial assumptions used in the valuations as of March 1, 2020, are as follows:

Interest rate	5.50%
Retirement age	Participants are assumed to retire at their Normal Retirement Age.
Mortality basis	Pri-2012 Mortality Tables projected forward using Scale MP-2019 on a generational basis, with sex-distinct employee rates before benefit commencement and healthy annuitant rates after benefit commencement. As a generational table, it reflects mortality improvements both before and after the measurement date.

4. Plan Termination

The Company reserves the right to discontinue contributions under the Plan and to terminate the Plan in whole or in part with respect to a specific group of employees. In the event of full or partial termination, employees affected thereby shall have a nonforfeitable right to their accrued benefits, to the extent funded. The Administrator, upon termination, shall cause the assets of the Plan to be allocated for the purposes set forth, and in the order of priorities established by Section 4044 of ERISA. Any residual assets remaining thereafter shall be returned to the Company. The Company shall not be liable to participants for benefits other than those which can be provided by the Plan's assets.

The Chart Pension Plan

Notes to Financial Statements

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

5. Fair Value Measurements

Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides for a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets,
- Quoted prices for identical or similar assets or liabilities in inactive markets,
- Inputs other than quoted prices that are observable for the asset or liability, and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 inputs must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Pooled Separate Accounts - Stated at fair value as determined by the issuer of the pooled separate accounts based on the net asset value ("NAV") of the underlying investments. The NAV, as provided by Empower Retirement, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less its liabilities. This practical expedient is not used when it is determined to be probable that the funds will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled separate accounts, the investment adviser reserves the right to temporarily delay withdrawal from the funds in order to ensure that securities liquidations will be carried out in an orderly business manner.

The Chart Pension Plan

Notes to Financial Statements

The following table summarizes investments for which fair value is measured using the practical expedient as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

	Fair Value		Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Investments measured at net asset value	2021	2020			
Pooled separate accounts:					
(a) Diversified Emerging Markets	\$ 1,583,835	\$ 1,755,813	n/a	Daily	n/a
(b) Foreign Large Blend	2,284,272	2,483,709	n/a	Daily	n/a
(c) Foreign Large Growth	2,324,164	2,359,245	n/a	Daily	n/a
(d) High Yield Bond	4,968,977	4,194,907	n/a	Daily	n/a
(e) Intermediate-Term Bond	10,980,932	9,065,674	n/a	Daily	n/a
(f) Large Blend	16,649,496	13,557,171	n/a	Daily	n/a
(g) Large Growth	4,160,412	3,537,141	n/a	Daily	n/a
(h) Large Value	5,385,541	4,246,516	n/a	Daily	n/a
(i) Mid-Cap Blend	6,375,922	5,948,126	n/a	Daily	n/a
(j) Small Blend	5,177,196	4,976,520	n/a	Daily	n/a
(k) World Bond	-	-	n/a	Daily	n/a
Investments measured at net asset value	\$ 59,890,747	\$ 52,124,822			

^(a)The investment seeks capital appreciation.

^(b)The investment seeks long-term capital appreciation. The fund invests primarily in a diversified portfolio of common stocks of non-U.S. companies.

^(c)The investment seeks long-term growth of capital. The fund invests primarily in common stocks of issuers in Europe and the Pacific Basin that the investment adviser believes have the potential for growth.

^(d)The investment seeks to maximize current income; and capital appreciation is a secondary objective.

^(e)The investment seeks a high and stable rate of current income, consistent with long-term preservation of capital.

^(f)The investment seeks to approximate as closely as practicable (before fees and expenses) the capitalization-weighted total rate of return of that portion of the U.S. market for publicly traded common stocks composed of larger-capitalized companies.

^(g)The investment seeks long-term capital growth.

^(h)The investment seeks current income, growth of capital and conservation of principal.

⁽ⁱ⁾The investment seeks total return before fees and expenses that corresponds to the total return of the Standard & Poor's (S&P) MidCap 400® Index.

^(j)The investment seeks long-term appreciation consistent with reasonable risk to principal.

^(k)The investment seeks current income with capital appreciation and growth of income.

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

6. Information Certified by Empower Retirement

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, Empower Retirement has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate for the years ended December 31, 2021 and 2020.

The Chart Pension Plan

Notes to Financial Statements

<i>December 31,</i>	2021	2020
Pooled separate accounts	\$ 59,890,747	\$ 52,124,822
Guaranteed interest account, at contract value	\$ 2,020,425	\$ 1,808,666

<i>Year ended December 31,</i>	2021	2020
Net appreciation in fair value of investments	\$ 8,594,334	\$ 6,582,170
Interest income from guaranteed interest account	\$ 20,165	\$ 25,681

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

7. Investment Contract with Empower Retirement

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

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The guaranteed interest rate is established on a semi-annual basis for deposits received during a specified period and an annual minimum interest rate was also established to remain in effect for each year of the agreement.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower Retirement, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. There were no investments that exceeded 10 percent of the total net assets available for benefit as of December 31, 2021.

The Chart Pension Plan

Notes to Financial Statements

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

9. Income Tax Status

The Plan obtained its latest determination letter on August 28, 2020, in which the Internal Revenue Service (“IRS”) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Related Party and Party-in-Interest Transactions

Plan investments are managed by Empower. Empower is the record keeper as defined by the Plan and, therefore, transactions therewith qualify as party-in-interest transactions. Fees paid by the Plan to Empower Retirement amounted to \$97,000 and \$95,000 for the years ended December 31, 2021 and 2020, respectively.

11. Subsequent Events

The Plan has evaluated subsequent events from the date of the Statement of Net Assets Available for Benefit through October 12, 2022, the date which the financial statements were available to be issued. There were no material recognizable subsequent events, except as follows.

ERISA-Required Supplemental Schedules

The Chart Pension Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year) - December 31, 2021

EIN/PN: 34-1712937/005

(a) Party- in- interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Pooled separate accounts:				
*	Empower Retirement, LLC	Columbia Mid Cap Index Fund	\$ 2,701,846	\$ 6,375,922
*	Empower Retirement, LLC	Glenmede Small Cap Equity Fund	2,828,566	5,177,196
*	Empower Retirement, LLC	MFS Research Fund A	1,985,862	5,657,441
*	Empower Retirement, LLC	Dodge & Cox Income Fund	4,482,441	5,489,503
*	Empower Retirement, LLC	Sterling Cap Total Return Bond Fund	4,933,168	5,491,429
*	Empower Retirement, LLC	JP Morgan US Equity Fund	1,636,204	5,527,139
*	Empower Retirement, LLC	MM S&P 500 Index	2,327,542	5,464,916
*	Empower Retirement, LLC	American Funds American Mutual	2,906,923	5,385,541
*	Empower Retirement, LLC	T. Rowe Price Blue Chip Growth	1,726,907	4,160,412
*	Empower Retirement, LLC	Oakmark International Fund	1,560,642	2,284,272
*	Empower Retirement, LLC	American Funds EuroPacific Growth R4	1,211,925	2,324,164
*	Empower Retirement, LLC	PGIM High-Yield Fund	1,678,504	2,489,563
*	Empower Retirement, LLC	JP Morgan High Yield Fund A	1,936,460	2,479,414
*	Empower Retirement, LLC	Invesco Developing Markets Fund Y	1,031,917	1,583,835
Total pooled separate accounts			32,948,907	59,890,747
Fully benefit-responsive investment contract				
*	Empower Retirement, LLC	Guaranteed Interest Account	2,020,425	2,020,425
Total			\$ 34,969,332	\$ 61,911,172

* Represents a party-in-interest as defined by ERISA.

The Chart Pension Plan

Schedule H, line 4j - Schedule of Reportable Transactions - for the Year Ended December 31, 2021
EIN/PN: 34-1712937/005

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Empower	Guaranteed Interest Account	\$ 3,057,714	\$ -	N/A	\$ -	\$ 3,057,714	\$ 3,057,714	\$ -

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021**This Form is Open to Public
Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	53,933,488	
b Actuarial value	2b	48,892,748	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	479	28,804,989	28,804,989
b For terminated vested participants	226	9,977,877	9,977,877
c For active participants	200	7,511,737	7,687,568
d Total	905	46,294,603	46,470,434
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.53 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	205,344	
c Total (line 6a + line 6b)	6c	205,344	

Statement by Enrolled Actuary

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

SIGN HERE	<u>Andrew B Hodges</u>	<u>10.11.22</u>
	Signature of actuary	Date
Andrew B. Hodges	Type or print name of actuary	20-05048
Milliman, Inc.	Firm name	Most recent enrollment number
3424 Peachtree Road, Suite 1900		(562) 661-8727
Atlanta	GA 30326	Telephone number (including area code)
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

**Schedule SB (Form 5500) 2021
v. 210624**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.73</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		349563
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> %		18597
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		368160
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	105.21%
15	Adjusted funding target attainment percentage	15	105.21%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.66%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
				0	0

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	205,344	
b Excess assets, if applicable, but not greater than line 31a	31b	205,344	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

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

Chart Heat Exchangers

Average Retirement Age: 62.6

Active Participant Count: 80

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

Chart Retirement Income Plan

Average Retirement Age: 65

Active Participant Count: 51

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

Chart Greenville Tube

Average Retirement Age: 65

Active Participant Count: 0

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

Chart Service Related Pension Plan

Average Retirement Age: 62

Active Participant Count: 69

Average Retirement Age for the Total Group: 63

Total Active Participant Count: 200

Schedule SB, Line 26 - Schedule of Active Participant Data

Age	Years of Credited Service										Total
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	3	1	-	-	-	-	-	-	-	-	4
40-44	1	8	2	-	-	-	-	-	-	-	11
45-49	3	10	4	9	-	-	-	-	-	-	26
50-54	-	12	12	5	9	-	-	-	-	-	38
55-59	1	13	19	8	8	6	-	-	-	-	55
60-64	3	8	8	10	6	5	19	-	-	-	59
65-69	-	1	1	5	-	-	-	-	-	-	7
70+	-	-	-	-	-	-	-	-	-	-	-
Total	11	53	46	37	23	11	19	-	-	-	200

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

ACTUARIAL COST METHOD

Funding and Accounting under ASC 960

The actuarial cost method used for determining the plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and end of the current year. The plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Accounting under ASC 715

The actuarial cost method used for determining the plan sponsor's accounting requirements is the projected unit credit method, as required by FASB ASC Topic 715. Under this method, a projected benefit is determined at each active participant's assumed retirement age assuming future compensation increases. The plan's normal cost is the sum of the present value of the portion of each active participant's projected benefit attributable to the current year of service. The plan's accrued liability is the sum of (a) the present value of the portion of each active participant's projected benefit attributable to all prior years of service plus (b) the present value of each inactive participant's future benefits.

The plan's accrued liability and normal cost is determined as of the measurement date.

The unrecognized net (gain) / loss in excess of a 10% corridor are amortized over the average future lifetime of all plan participants.

ASSET VALUATION METHOD

Funding

The actuarial value of assets is an average of the market value of assets as of the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses, and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The actuarial value of assets must be within 10% of the market value of assets as of the valuation date.

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

Segment 1 (0-5 years)	4.75%	2.22%	2.22%
Segment 2 (5-20 years)	5.36%	3.38%	3.38%
Segment 3 (20+ years)	6.11%	3.92%	3.92%
Effective Interest Rate	5.53%	3.50%	3.50%

ERISA minimum funding: 24-month average segment rates, with no lookback period, adjusted to reflect the applicable segment rate stabilization corridor.

Maximum Deductible Contribution: 24-month average segment rates, with no lookback period, but not adjusted to reflect segment rate stabilization.

PBGC premium: The Plan Sponsor previously elected to use the alternative method for determining the variable-rate portion of the PBGC premium, and continues to use this method for the plan year beginning January 1, 2021.

FASB ASC Topic 715: 2.69% per year, which reflects the single equivalent discount rate that produces a present value of the Plan's cash flows that is equal to the present value of those cash flows when discounted using the Citigroup Above Median Discount Yield Curve as of the Plan's measurement date.

FASB ASC Topic 960: 7.25% per year, which is chosen by the plan sponsor.

Asset Returns

Funding: 6.00% per year, which is based on the expected rate of return on plan assets over the 10-20 year horizon.

Expected rate of return on plan assets under ASC 715: 7.00% per year. This is selected by the plan sponsor.

Administrative Expenses for Funding

The expected administrative expense, assumed to be payable mid-year, is equal to actual administrative expenses for the prior plan year, excluding the PBGC premium, plus the expected PBGC premium for the current plan year, rounded to the nearest \$1,000; \$30,000 for the 2021 plan year and \$18,000 for the 2020 plan year.

Maximum Benefit and Annual Compensation Limitation Increases

0% per year as required by statute.

Postretirement Benefit Increases

The Plan does not provide for automatic postretirement benefit increases.

DEMOGRAPHIC ASSUMPTIONS

Except where noted, all demographic assumptions are based on the actuary's judgment and continual review of experience.

Mortality

Funding and PBGC purposes: 2021 Statutory static mortality tables as prescribed by IRC Section 430(h)(3)(A).

FASB ASC Topic 715 and 960: The Pri-2012 Blue Collar mortality tables for Chart Heat Exchangers, Greenville Tube Corporation, and the Former Service Related Pension Plan - the Pri-2012 No Collar mortality table for the Retirement Income Plan, projected fully generationally using Scale MP-2021.

Retirement

Former Chart Heat Exchangers Participants are assumed 80% of the time to retire at age 62. The remainder retire at the normal retirement age or age on valuation date, if greater.

Former Greenville Tube Corporation Participants are all assumed to retire at age 65.

Former Retirement Income Plan Participants are assumed to retire at the earlier of the normal retirement age, or age plus service equal to 98 (not earlier than age 55).

Former Service Related Pension Plan Participants are all assumed to retire at age 62.

Former participants in the Retirement Plan for Union Employees of Smithco Engineering, Inc. are assumed to retire at their Normal Retirement Age.

Terminated vested employees are assumed to retire at age 65.

Termination

Active employees are assumed to terminate based on sample rates from the following tables.

Age	Heat Exchanger Pension Plan		Retirement Income Plan		Service Related Pension Plan	
	Males	Females	Males	Females	Males	Females
25	3.8%	3.8%	7.2%	17.8%	14.9%	28.5%
35	2.1%	2.1%	3.5%	8.6%	7.4%	12.2%
45	1.0%	1.0%	1.4%	4.0%	2.7%	5.6%
55	0.0%	0.0%	0.6%	1.2%	0.0%	1.7%

Former participants in the Retirement Plan for Union Employees of Smithco Engineering, Inc. are assumed to terminate at the rates shown in Table T-3 from the Actuary's Pension Handbook.

Disability

Not applicable

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Form of Payment

A life annuity form of payment is assumed to be elected upon retirement.

Marital Characteristics

Former Chart Heat Exchangers Participants are assumed to be married 85% of the time and that males are four years older than their female spouses.

Former Greenville Tube Corporation Participants are assumed to be married 90% of the time for males and 60% of the time for females, and that males are three years older than their female spouses.

Former Retirement Income Plan Participants are assumed to be married 100% of the time and that males are four years older than their female spouses.

Former Service Related Pension Plan Participants are assumed to be married 100% of the time and that males are four years older than their female spouses.

Former participants in the Retirement Plan for Union Employees of Smithco Engineering, Inc. are assumed to be married 75% of the time and that spouses are the same age.

Benefits not Valued

None

Special Data Adjustments

None

Schedule SB, Part V – Summary of Plan Provisions

Summary of Principal Plan Provisions (Chart)

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document and any Company practices, processes, and procedures.

Definitions

Plan: Chart Pension Plan

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

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

Plan Year: January 1 to December 31

Employer: Chart Industries, Inc.

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

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

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

Credited Service:

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

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

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

For Service Plan, is based on the number of Hours of Service credited to each Participant. A Participant shall be credited with 1 year of Credited Service if he is credited with 1,800 Hours of Service in a calendar year (up to a maximum of 40 years). Fractional years of Credited Service shall be credited to a Service Plan Participant who works at least 1,000 Hours of Service in such calendar year, but does not work 1,800 Hours of Service. Fractional years of

Credited Service shall be calculated by dividing Hours of Service by 1,800. Credited Service shall not include any Period of Service prior to March 1, 1975, and is frozen as of February 28, 2006.

Vesting Service

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

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

Average Compensation

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

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

Normal Retirement Date

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

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

Early Retirement Date

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

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

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

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

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

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

For Greenville, the sum of the following:

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

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

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

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

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

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

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

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

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

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

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

Normal Forms

Unmarried Members: Annuity payable for life.

Married Members: 50% Joint and Survivor Annuity.

Optional Forms

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

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

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

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

Death Benefits

Heat Exchangers:

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

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

Greenville:

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

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

Retirement Plan:

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

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

Service Plan:

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

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

Summary of Principal Plan Provisions (SmithCo)

This summary of plan provisions is intended to only describe the essential features of the Retirement Plan for Union Employees of Smithco Engineering, Inc. which merged into the Chart Pension Plan as of February 28, 2021. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Accrued Benefit

The Accrued Benefit for each Participant is determined using the same formula which is used to compute such Participant's Normal Retirement Benefit, taking into account the Participant's Years of Benefit Service through the date of determination.

Actuarial Equivalent

Actuarial Equivalent means a form of benefit differing in time, period and/or manner of payment from another form of benefit but having the same value when computed based upon the following interest and mortality assumptions:

Interest: 7.50% per annum, compounded annually

Mortality: 1971 Group Annuity Mortality Table for Males

Effective Date

The Effective Date of the Plan is March 1, 1978.

The Plan was last amended in March 2012.

Eligible Employee Classification

An Eligible Employee Classification is a classification of Employees, the members of which are eligible to participate in the Plan. The only classification which is an Eligible Employee Classification is employees covered by a collective bargaining agreement.

Entry Date

Entry Date means the March 1st which coincides with or next follows the date that the eligibility requirements are met.

Fiscal Year

Fiscal Year means the taxable year of the Employer. The Fiscal Year of the Employer is the 12-month period beginning January 1 and ending December 31.

Normal Retirement Age

A Participant's Normal Retirement Age is age 65.

Normal Retirement Date

A Participant's Normal Retirement Date is the first day of the month which coincides with or next follows the date on which the Participant attains Normal Retirement Age.

Vesting Schedule

A Participant's Vested Percentage will be 100% upon the completion of 5 Years of Vesting Service. Prior to the completion of 5 Years of Vesting Service, a Participant's Vested Percentage is zero.

Notwithstanding the foregoing, in any Plan Year in which the Plan is determined to be a Top-Heavy Plan, the following Vesting Schedule will apply in lieu of the Vesting Schedule provided for above:

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
Less than 2 Years	0%
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 Years or more	100%

If in any subsequent Plan Year the Plan ceases to be a Top-Heavy Plan, the above vesting schedule will continue to apply unless the Plan Sponsor elects, in writing, to revert to the original vesting schedule.

Years of Service**For Eligibility Purposes**

Years of Service for purposes of eligibility to participate in the Plan are referred to as Years of Eligibility Service and are determined using the Elapsed Time Method.

All of an Employee's Years of Eligibility Service are taken into account in determining his eligibility to participate.

For Benefit Purposes

Years of Service for purposes of computing a Participant's Normal Retirement Benefit are referred to as Years of Benefit Service and are determined using the Hours of Service Method.

A Year of Benefit Service is credited for each Plan Year in which an Employee is credited with at least 1,000 Hours of Service. Only full Years of Service will be credited.

All of a Participant's Years of Benefit Service are taken into account in determining his monthly benefit except:

- Service for which the Employee was not entitled to receive Compensation; and
- Service while the Employee was not in an Eligible Employee Classification.

For Vesting Purposes

Years of Service for purposes of computing a Participant's Vested Percentage are referred to as Years of Vesting Service and are determined using the Hours of Service Method.

A Year of Vesting Service is credited for each Plan Year in which an Employee is credited with at least 1,000 Hours of Service. Only full Years of Service are credited.

All of a Participant's Years of Vesting Service are taken into account in determining his Vested Percentage.

Participation

An Employee who is a member of an Eligible Employee Classification will become a Participant in the Plan on the March 1st which coincides with or next follows the completion of 2-months of employment.

Normal Retirement

Each Participant who becomes eligible for a Normal Retirement Benefit under the plan will be entitled to receive a monthly retirement pension benefit beginning at the Participant's Normal Retirement Date and payable in the Normal Benefit Form.

Normal Retirement Benefit

A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to:

For Participants actively employed on or after May 14, 2004:

\$15.00 per month prior to 2008; post-2008 benefit increases are prospective only, starting with \$17 in 2008 and increased by \$2.00 each contract year until it reaches \$23.00 per month in 2012, and then, \$25 per month starting in 2012 and \$27 per month starting in 2014, multiplied by his Years of Benefit Service; the minimum benefit is \$250 per month, multiplied by a fraction, the numerator of which is the Participant's completed Years of Benefit Service at the date of determination, and the denominator of which is the total Years of Benefit Service the Participant would complete if he were to continue to participate until his Normal Retirement Date.

For Participants NOT actively employed on or after May 14, 2004:**THE SUM OF:**

(i) For service prior to June 1, 1996:

\$6.00 per month, multiplied by his Years of Benefit Service through May 31, 1996, but not less than \$200 per month multiplied by a fraction, the numerator of which is the Participant's Years of Benefit Service as of June 1, 1996, and the denominator of which is the total Years of Benefit Service the Participant would complete if he were to continue to participate until his Normal Retirement Date; plus

(ii) For service between May 31, 1996 and May 24, 2000:

\$8.00 per month, multiplied by his Years of Benefit Service between May 31, 1996 and May 24, 2000; but not less than \$250 per month, multiplied by a fraction, the numerator of which is the Participant's completed Years of Benefit Service between May 31, 1996 and May 24, 2000, and the denominator of which is the total Years of Benefit Service the Participant would complete if he were to continue to participate until his Normal Retirement Date, plus

(iii) For service between May 24, 2000 and May 14, 2001:

\$9.00 per month, multiplied by his Years of Benefit Service between May 24, 2000 and May 14, 2001; but not less than \$250 per month, multiplied by a fraction, the numerator of which is the Participant's completed Years of Benefit Service between May 24, 2000 and May 14, 2001, and the denominator of which is the total Years of Benefit Service the Participant would complete if he were to continue to participate until his Normal Retirement Date; plus

(iv) For service after May 14, 2001:

\$10.50 per month, multiplied by his Years of Benefit Service after May 14, 2001; but not less than \$250 per month, multiplied by a fraction, the numerator of which is the Participant's completed Years of Benefit Service after May 14, 2001, and the denominator of which is the total Years of Benefit Service the Participant would complete if he were to continue to participate until his Normal Retirement Date; plus

(v) For service after May 14, 2002:

\$13.00 per month, multiplied by his Years of Benefit Service after May 14, 2002; but not less than \$250 per month, multiplied by a fraction, the numerator of which is the Participant's completed Years of Benefit Service after May 14, 2002, and the denominator of which is the total Years of Benefit Service the Participant would complete if he were to continue to participate until his Normal Retirement Date; plus

(vi) For service after May 14, 2003:

\$15.00 per month, multiplied by his Years of Benefit Service after May 14, 2003; but not less than \$250 per month, multiplied by a fraction, the numerator of which is the Participant's completed Years of Benefit Service after May 14, 2003, and the denominator of which is the total Years of Benefit Service the Participant would complete if he were to continue to participate until his Normal Retirement Date.

Normal Benefit Form

Lifetime Pension - Monthly pension benefit payable for the lifetime of the Participant with payments terminating upon the death of the Participant.

Early Retirement

Early Retirement Date

A Participant's Early Retirement Date is the first day of the month so elected by the Participant which coincides with or next follows the date upon which the Participant satisfies the following requirements:

- (a) Attainment of age 60; and
- (b) Completion of 10 Years of Vesting Service.

Early Retirement Benefit

A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced by 1/180 for each of the first 60 months, by 1/360 for each of the next 60 months that his Early Retirement Date precedes his Normal Retirement Date.

Late Retirement

An active Participant who continues his employment with the Employer beyond his Normal Retirement Date may begin to receive his Late Retirement Benefit to which he is entitled as of his Late Retirement Date.

Late Retirement Date

A Participant's Late Retirement Date is the first day of the month coincident with or next following the date he retires and requests the commencement of his Late Retirement Benefit after he has continued in the employ of the Employer beyond his Normal Retirement Date.

Late Retirement Benefit

A Participant's late Retirement Benefit is equal to an amount which is the greater of (1) the Actuarial Equivalent of his Normal Retirement Benefit at his Normal Retirement Date, determined as of his Late Retirement Date or (2) the monthly benefit which is based on the Normal Retirement Benefit formula using the Participant's Years of Benefit Service and Compensation through his Late Retirement Date.

Disability Retirement**Disability Retirement Date**

A Participant's Disability Retirement Date is the first day of the month coincident with or next following the date of termination of his employment due to disability provided such Participant has been found to be eligible for a Disability Retirement Benefit.

An Active Participant will be eligible for a Disability Retirement Benefit under the Plan upon the occurrence of permanent disability.

Disability Retirement Benefit

An eligible Participant's Disability Retirement Benefit is equal to the monthly retirement benefit commencing on his Disability Retirement Date which is the Actuarial Equivalent of the Participant's Accrued Benefit determined as of his Disability Retirement Date.

If a Participant satisfies the requirements for a Disability Retirement Benefit and also satisfies the requirements for a Vested Accrued Benefit, the portion of his Disability Retirement Benefit which is the Actuarial Equivalent of his Vested Accrued Benefit will be payable in the Normal Benefit Form (or any optional benefit form) and will be subject to the joint and survivor annuity distribution requirements. The remaining portion, if any, of the Actuarial Equivalent of the Participant's Disability Retirement Benefit will be payable as a Lifetime Pension with a monthly benefit payable for the Participant's lifetime with payments terminating upon his death.

Optional Benefit Forms

Optional Benefit Forms are available and equal to the Actuarial Equivalent of the Normal Benefit Form and may be in an amount more than or less than that provided by the Normal Benefit Form depending on the option selected. Such distribution may be in one or more of the following forms:

- Lifetime Pension, 5 Years Certain - monthly pension benefit payable for the lifetime of the Participant with payments guaranteed for a minimum of 5 years.
- Lifetime Pension, 10 Years Certain - monthly pension benefit payable for the lifetime of the Participant with payments guaranteed for a minimum of 10 years.
- Joint & Survivor Pension - monthly pension benefit payable for as long as either the Participant or the Participant's Spouse is alive.
- Joint & 66 2/3% Contingent Survivor Pension - monthly pension benefit payable during the joint lifetime of the Participant and the Joint Annuitant; reduces to 66 2/3% of the original amount upon the death of the Participant.
- Joint & 50% Contingent Survivor Pension - monthly pension benefit payable during the joint lifetime of the Participant and the Joint Annuitant; reduces to 50% of the original amount upon the death of the Participant.

Pre-Retirement Death Benefit

In the event of the death of a Participant prior to the date that he begins to receive a monthly pension benefit under the Plan, the Participant's Surviving Spouse, if any, will be entitled to receive a monthly pension benefit equal to 50% of the monthly pension benefit which would have been payable had the Participant retired on the day before his death and elected a Joint and 50% Contingent Survivor Pension. A Joint and 50% Contingent Pension provides a monthly pension benefit payable for the lifetime of the Participant and, upon the Participant's death, if the Participant's Spouse survives the Participant, a monthly pension benefit will continue for the remaining lifetime of the Surviving Spouse equal to 50% of the monthly pension benefit which was payable during the joint lifetime of the Participant and the Participant's Surviving Spouse.

Termination Benefit

In the event of the termination of a Participant's employment for any reason other than death, disability or retirement, the Participant will become entitled to receive a monthly pension benefit commencing on his Normal Retirement Date equal to his Vested Accrued Benefit.

The Chart Pension Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year) - December 31, 2021
 EIN/PN: 34-1712937/005

(a) Party- in- interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Pooled separate accounts:				
*	Empower Retirement, LLC	Columbia Mid Cap Index Fund	\$ 2,701,846	\$ 6,375,922
*	Empower Retirement, LLC	Glenmede Small Cap Equity Fund	2,828,566	5,177,196
*	Empower Retirement, LLC	MFS Research Fund A	1,985,862	5,657,441
*	Empower Retirement, LLC	Dodge & Cox Income Fund	4,482,441	5,489,503
*	Empower Retirement, LLC	Sterling Cap Total Return Bond Fund	4,933,168	5,491,429
*	Empower Retirement, LLC	JP Morgan US Equity Fund	1,636,204	5,527,139
*	Empower Retirement, LLC	MM S&P 500 Index	2,327,542	5,464,916
*	Empower Retirement, LLC	American Funds American Mutual	2,906,923	5,385,541
*	Empower Retirement, LLC	T. Rowe Price Blue Chip Growth	1,726,907	4,160,412
*	Empower Retirement, LLC	Oakmark International Fund	1,560,642	2,284,272
*	Empower Retirement, LLC	American Funds EuroPacific Growth R4	1,211,925	2,324,164
*	Empower Retirement, LLC	PGIM High-Yield Fund	1,678,504	2,489,563
*	Empower Retirement, LLC	JP Morgan High Yield Fund A	1,936,460	2,479,414
*	Empower Retirement, LLC	Invesco Developing Markets Fund Y	1,031,917	1,583,835
Total pooled separate accounts			32,948,907	59,890,747
Fully benefit-responsive investment contract				
*	Empower Retirement, LLC	Guaranteed Interest Account	2,020,425	2,020,425
Total			\$ 34,969,332	\$ 61,911,172

* Represents a party-in-interest as defined by ERISA.

The Chart Pension Plan

Schedule H, line 4j - Schedule of Reportable Transactions - for the Year Ended December 31, 2021 EIN/PN: 34-1712937/005

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Empower	Guaranteed Interest Account	\$ 3,057,714	\$ -	N/A	\$ -	\$ 3,057,714	\$ 3,057,714	\$ -