

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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 THE CHART PENSION PLAN	1b Three-digit plan number (PN) ▶ 005
	1c Effective date of plan 01/03/1986
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) CHART INDUSTRIES, INC. 2200 AIRPORT INDUSTRIAL DRIVE SUITE 100 BALL GROUND, GA 30107	2b Employer Identification Number (EIN) 34-1712937 2c Plan Sponsor's telephone number 770-721-8800 2d Business code (see instructions) 332300

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.	12/04/2023	JAMIE MALECHA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
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		<div style="display: flex; justify-content: space-between;"> 5 933 </div>
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		<div style="display: flex; justify-content: space-between;"> 6a(1) 176 </div>
a(2) Total number of active participants at the end of the plan year		<div style="display: flex; justify-content: space-between;"> 6a(2) 151 </div>
b Retired or separated participants receiving benefits		<div style="display: flex; justify-content: space-between;"> 6b 447 </div>
c Other retired or separated participants entitled to future benefits.....		<div style="display: flex; justify-content: space-between;"> 6c 239 </div>
d Subtotal. Add lines 6a(2) , 6b , and 6c		<div style="display: flex; justify-content: space-between;"> 6d 837 </div>
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		<div style="display: flex; justify-content: space-between;"> 6e 71 </div>
f Total. Add lines 6d and 6e		<div style="display: flex; justify-content: space-between;"> 6f 908 </div>
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<div style="display: flex; justify-content: space-between;"> 6g </div>
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<div style="display: flex; justify-content: space-between;"> 6h 0 </div>
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<div style="display: flex; justify-content: space-between;"> 7 </div>
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 1A		
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) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE 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 MASSMUTUAL LIFE INSURANCE CO.
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(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	780104-D1 & D2	908	01/01/2022	12/31/2022

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
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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	

(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	

(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	

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	1103916
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	47979921

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	2020425
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	17029	
	(4) Transferred from separate account	7c(4)	2469794	
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	2486823
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d Total of balance and additions (add lines 7b and 7c(6))	7d	4507248
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3231523	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	171809	

▶ PAYMENT TO PBGC PAYMENT TO TRUSTEE MISCELLANEOUS EXPENSES

(5) Total deductions	7e(5)	3403332
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1103916
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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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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>THE 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>2022</u>	
2 Assets:	
a Market value.....	2a <u>61911172</u>
b Actuarial value	2b <u>56599484</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>529</u> <u>31461199</u> <u>31461199</u>
b For terminated vested participants.....	<u>285</u> <u>10363144</u> <u>10363144</u>
c For active participants.....	<u>182</u> <u>6636525</u> <u>7064189</u>
d Total	<u>996</u> <u>48460868</u> <u>48888532</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>5.36 %</u>
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>122368</u>
c Total (line 6a + line 6b)	6c <u>122368</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>10/16/2023</u>
Signature of actuary		Date
<u>ANTHONY NARDIS</u>		<u>23-07017</u>
Type or print name of actuary		Most recent enrollment number
<u>MILLIMAN INC</u>		<u>404-237-7060</u>
Firm name		Telephone number (including area code)
<u>3424 PEACHTREE RD NE</u> <u>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 ☐

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>15.82</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).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.53</u> %.....		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	115.77 %
15 Adjusted funding target attainment percentage	15	115.77 %
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	106.09 %
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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ 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 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☐ Yes	☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	122368	
b Excess assets, if applicable, but not greater than line 31a	31b	122368	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE 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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--

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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)

BDO USA P.C.

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	12426	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	ADMIN SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	99050	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 ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	30000	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)

BDO USA P.C.

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 ☒	7000	Yes ☐ No ☒

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

HARRIS

52-2257782

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

INVESCO

93-6305075

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

COLUMBIA

94-1687665

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

GLENMEDE

23-1512117

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

JP MORGAN

26-3613641

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

JP MORGAN

33-1043149

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

DODGE & COX

94-6067274

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

T. ROWE PRICE

52-1827505

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

AMERICAN FUNDS

95-1411037

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN FUNDS

95-6006886

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PGIM INVESTMENTS

13-2974999

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

STERLING CAPITAL

56-1368984

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MFS INVESTMENT MANAGEMENT

04-3158862

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MASS MUTUAL LIFE INSURANCE COMPANY

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 60 62 63 72	CONTRACT ADMINISTRATOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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 P.C.	10	12426
(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	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BDO USA P.C.	10	7000
(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	2050
(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
MASS MUTUAL LIFE INSURANCE COMPANY	52 72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM S&P 500 INDEX (NORTHERN TRUST) 04-3410047	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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	

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
HARRIS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INTERNATIONAL (OAKMARK) 52-2257782	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
US EQUITY (JP MORGAN) 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HIGH YIELD (JP MORGAN) 26-3613641	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COLUMBIA	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MID CAP INDEX (COLUMBIA)	BASIS POINTS * PLAN ASSETS	
94-1687665		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INCOME (DODGE & COX)	BASIS POINTS * PLAN ASSETS	
94-6067274		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PGIM INVESTMENTS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HIGH-YIELD (PGIM)	BASIS POINTS * PLAN ASSETS	
13-2974999		

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
GLENMEDE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMALL CAP EQUITY (GLENMEDE) 23-1512117	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DEVELOPING MARKETS (INVESCO) 93-6305075	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MFS INVESTMENT MANAGEMENT	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RESEARCH (MFS) 04-3158862	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EUROPACIFIC GROWTH (AMERICAN) 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLUE CHIP GROTH (T. ROWE PRICE) 52-1827505	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN MUTUAL (AMERICAN FUNDS) 95-6006886	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STERLING CAPITAL	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOTAL RETURN BOND (STERLING CAP) 56-1368984	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RESEARCH (MFS) 04-3158862	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HIGH YIELD (PGIM) 13-2974999	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
US EQUITY (JP MORGAN) 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HIGH YIELD (JP MORGAN) 26-3613641	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INCOME (DODGE & COX) 94-6067274	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INTERNATIONAL (OAKMARK) 52-2257782	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MID CAP INDEX (COLUMBIA) 94-1687665	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMALL CAP EQUITY (GLENMEDE) 23-1512117	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DEVELOPING MARKETS (INVESCO) 93-6305075	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPACIFIC GROWTH (AMERICAN) 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GROWTH (MFS) 90-7793283	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	52 72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
US GOVT MONEY MARKT (MASSMUTUAL) 04-3212059	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN MUTUAL (AMERICAN FUNDS) 95-6006886	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLUE CHIP GROWTH (T. ROWE PRICE) 52-1827505	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TOTAL RETURN BOND (STERLING CAP) 56-1368984	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	ANDREW B. HODGES	b EIN:	91-0675641
c Position:	ENROLLED ACTUARY		
d Address:	3424 PEACHTREE ROAD, SUITE 1900 ATLANTA, GA 30326	e Telephone:	562-661-8727

Explanation: CHANGE IN SERVICE PROVIDERS

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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div> This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE CHART PENSION PLAN	B Three-digit plan number (PN) ►	005
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CHART INDUSTRIES, INC.		
D Employer Identification Number (EIN) 34-1712937		
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DEVELOPING MARKETS Y		
b Name of sponsor of entity listed in (a): INVESCO		
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) 1503618
a Name of MTIA, CCT, PSA, or 103-12 IE: MM S&P 500(R) INDEX SVC		
b Name of sponsor of entity listed in (a): MASSMUTUAL		
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) 4070583
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMERICAN MUTUAL R5		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
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) 4188345
a Name of MTIA, CCT, PSA, or 103-12 IE: OAKMARK INTERNATIONAL INVESTOR		
b Name of sponsor of entity listed in (a): OAKMARK		
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) 2067856
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN US EQUITY R5		
b Name of sponsor of entity listed in (a): JPMORGAN		
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) 4046145
a Name of MTIA, CCT, PSA, or 103-12 IE: GLENMEDE SMALL CAP EQUITY ADV		
b Name of sponsor of entity listed in (a): GLENMEDE		
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) 4199620
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MID CAP INDEX A		
b Name of sponsor of entity listed in (a): COLUMBIA THREADNEEDLE		
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) 5362942

a Name of MTIA, CCT, PSA, or 103-12 IE: **STERLING CAPITAL TOT RETURN BOND A**

b Name of sponsor of entity listed in (a): **STERLING CAPITAL FUNDS**

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) 4409017
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS RESEARCH A**

b Name of sponsor of entity listed in (a): **MFS**

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) 4349871
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DODGE & COX INCOME**

b Name of sponsor of entity listed in (a): **DODGE & COX**

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) 4478054
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS GROWTH R3**

b Name of sponsor of entity listed in (a): **MFS**

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) 3142239
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FNDS EUROPACIFIC GROWTH R4**

b Name of sponsor of entity listed in (a): **AMERICAN FUNDS**

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) 2053587
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PGIM HIGH YIELD A**

b Name of sponsor of entity listed in (a): **PGIM INVESTMENTS**

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) 2046796
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JPMORGAN HIGH YIELD A**

b Name of sponsor of entity listed in (a): **JPMORGAN**

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) 2058579
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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

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

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.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>THE CHART PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHART INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-1712937</u>	

Part I	Asset and Liability Statement		
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		2669
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	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)	59890747	47977252
(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)	2020425	1103916
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	61911172	49083837

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	61911172	49083837
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(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)	17029	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17029
(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)	-9441032	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-9441032

		(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)		
(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		-9424003
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3231523	
(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)		3231523
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)	171809	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		171809
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3403332
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-12827335
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ 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 USA P.C.

(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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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 484708.

<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>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE 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 1
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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, 2022 and 2021

The Chart Pension Plan

Financial Statements and ERISA-Required Supplemental Schedules
As of and for the Years Ended December 31, 2022 and 2021

The Chart Pension Plan

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ERISA-Required Supplemental Schedule

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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.



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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 statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement 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, 2022 and 2021, and for the years then ended, 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 agrees 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).

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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 (Schedule H, line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2022 and Schedule H, line 4j-Schedule of Reportable Transactions for the Year Ended December 31, 2022), 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 schedule, other than the information agreed to or derived from the certified investment information, including its 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 schedule agrees 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).

BDO USA, P.C.

November 28, 2023

Financial Statements

The Chart Pension Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2022	2021
Assets		
Investments:		
Investments, at fair value	\$ 47,977,252	\$ 59,890,747
Guaranteed interest account, at contract value	1,103,916	2,020,425
Total Investments	49,081,168	61,911,172
Cash	2,669	-
Net Assets Available for Benefits	\$ 49,083,837	\$ 61,911,172

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>	2022	2021
Additions:		
Investment income:		
Interest income	\$ 3,359	\$ 20,165
Net appreciation(depreciation) in fair value of investments	(9,427,362)	8,594,334
Total Net Investment Income (Loss)	(9,424,003)	8,614,499
Deductions:		
Benefits paid to participants	(2,983,153)	(2,844,621)
Administrative expenses	(420,179)	(204,544)
Total Deductions	(3,403,332)	(3,049,165)
Net Increase (Decrease)	(12,827,335)	5,565,334
Transfer in due to merger (note 1)	-	2,412,350
Net Assets Available for Benefits, beginning of year	61,911,172	53,933,488
Net Assets Available for Benefits, end of year	\$ 49,083,837	\$ 61,911,172

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.

The Chart Pension Plan

Notes to Financial Statements

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 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 2022 and 2021.

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.

The Chart Pension Plan

Notes to Financial Statements

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.

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.

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 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.

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, 66 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.

The Chart Pension Plan

Notes to Financial Statements

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 when paid.

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 to the date the respective plan was frozen (See Note 1). 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 under the plan were accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. 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 to the date the respective plan was frozen. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits 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 Chart Pension Plan

Notes to Financial Statements

A summary of the actuarial present value of accumulated plan benefit is shown below:

<i>December 31,</i>	<i>2021</i>
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 27,185,390
Participants entitled to deferred benefits	8,548,053
Other participants	5,526,224
Total vested benefits	41,259,667
Non-vested benefits	344,578
Total actuarial present value of accumulated plan benefits	\$ 41,604,245

The change in the actuarial present value of accumulated plan benefits is as follows:

<i>December 31,</i>	<i>2021</i>
Actuarial present value of accumulated plan benefits, beginning of year	
Increase (decrease) during the year attributed to:	
Passage of time increase	\$ 39,344,963
Reduction in discount period	2,751,197
Benefits paid	(2,844,620)
Actuarial gain (loss) and benefits accumulated	(394,309)
Plan amendments ⁽¹⁾	1,916,636
Change in assumptions ⁽²⁾	830,378
Total increase	2,259,282
Actuarial present value of accumulated plan benefits, end of year	\$ 41,604,245

⁽¹⁾ Plan amendments include a merger of the plan and the Retirement Plan for Union Employees of Smithco Engineering effective February 28, 2021.

⁽²⁾ The changes in assumptions since the prior valuation include an update to the interest rate and mortality tables used.

The significant assumptions underlying the actuarial computations are as follows:

Interest rate	7.00%
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

The Chart Pension Plan

Notes to Financial Statements

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 differentiated amount-weighted Pri-2012 Blue Collar mortality tables for Chart Heat Exchangers, Greenville Tube Corporation, and the Former Service Related Pension Plan, the differentiated amount - weighted Pri-2012 mortality table for the Retirement Income Plan, projected fully generationally using Scale MP-2021.
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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, 2022. Had the valuation been performed as of December 31, there would be no material differences.

4. Plan Termination

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.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

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

The Chart Pension Plan

Notes to Financial Statements

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, 2022 and 2021.

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, 2022 and 2021, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

	<u>Fair Value</u>		Unfunded	Redemption Frequency (if currently eligible)	Redemption Notice Period
Investments measured at net asset value	2022	2021	Commitments		
Pooled separate accounts:					
(a) Diversified Emerging Markets	\$ 1,503,618	\$ 1,583,835	n/a	Daily	n/a
(b) Foreign Large Blend	2,067,856	2,284,272	n/a	Daily	n/a
(c) Foreign Large Growth	2,053,587	2,324,164	n/a	Daily	n/a
(d) High Yield Bond	4,105,375	4,968,977	n/a	Daily	n/a
(e) Intermediate-Term Bond	8,887,071	10,980,932	n/a	Daily	n/a
(f) Large Blend	12,466,599	16,649,496	n/a	Daily	n/a
(g) Large Growth	3,142,239	4,160,412	n/a	Daily	n/a
(h) Large Value	4,188,345	5,385,541	n/a	Daily	n/a
(i) Mid-Cap Blend	5,362,942	6,375,922	n/a	Daily	n/a
(j) Small Blend	4,199,620	5,177,196	n/a	Daily	n/a
Investments measured at net asset value	\$ 47,977,252	\$ 59,890,747			

(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.

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

The Chart Pension Plan

Notes to Financial Statements

6. Certified Investment Information

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Retirement, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Investment income (loss) as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.
- Investment information included in the supplemental Schedule H-Line 4i-- Schedule of Assets (Held at End of Year) as of December 31, 2022 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2022 as shown on the ERISA-required supplemental schedules.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information in the financial statements, including reading the disclosures related to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP, and in the ERISA-required supplemental schedules, including assessing whether the supplemental schedules are in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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.

The Chart Pension Plan

Notes to Financial Statements

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

8. Risks and Uncertainties

The Plan holds various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit risks and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 financial statements. As of December 31, 2022 and 2021 there was 1 investment held which individually accounted for more than 10% of total investments. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2022.

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 Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated August 28, 2020, that the Plan was designed in accordance with the regulations of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan and the related trust is currently designed and operated in compliance with the applicable requirements of the IRC and continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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. 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 for the years ended December 31, 2022 and 2021.

11. Subsequent Events

The Plan has evaluated subsequent events through November 28, 2023, the date the financial statements were available to be issued.

ERISA-Required Supplemental Schedules

The Chart Pension Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year) - December 31, 2022
 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	\$ 5,362,942
*	Empower Retirement, LLC	Glenmede Small Cap Equity Fund	2,828,566	4,199,620
*	Empower Retirement, LLC	MFS Research Fund A	1,985,862	4,349,871
*	Empower Retirement, LLC	Dodge & Cox Income Fund	4,482,441	4,478,054
*	Empower Retirement, LLC	Sterling Cap Total Return Bond Fund	4,933,168	4,409,017
*	Empower Retirement, LLC	JP Morgan US Equity Fund	1,636,204	4,046,145
*	Empower Retirement, LLC	MM S&P 500 Index	2,327,542	4,070,583
*	Empower Retirement, LLC	American Funds American Mutual	2,906,923	4,188,345
*	Empower Retirement, LLC	MFS Growth R3	3,265,259	3,142,239
*	Empower Retirement, LLC	Oakmark International Fund	1,560,642	2,067,856
*	Empower Retirement, LLC	American Funds EuroPacific Growth R4	1,211,925	2,053,587
*	Empower Retirement, LLC	PGIM High-Yield Fund	1,678,504	2,046,796
*	Empower Retirement, LLC	JP Morgan High Yield Fund A	1,936,460	2,058,579
*	Empower Retirement, LLC	Invesco Developing Markets Fund Y	1,031,917	1,503,618
Total pooled separate accounts			34,487,259	47,977,252
Fully benefit-responsive investment contract				
*	Empower Retirement, LLC	Guaranteed Interest Account	1,101,351	1,103,916
Total			\$ 35,588,610	\$ 49,081,168

* 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, 2022 EIN/PN: 34-1712937/005

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
* Empower	MFS Growth R3	\$ 3,453,802	\$ -	\$ 3,453,802	\$ 3,453,802	\$ -

*Represents Party-in-interest as defined by ERISA.

Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions

The Chart Pension Plan

EIN: 34-1712937 PN: 005

Decrement timing: Assumed decrement timing was changed from beginning of the year to middle of the year, except that 100% retirement is assumed to occur at the beginning of the year.

Termination: Assumed termination decrements were updated to cease after a participant becomes eligible for retirement.

Form of Payment: The interest rate used to accumulate determine the distribution for missed payments since normal retirement for current terminated participants was updated from 0.00% to the IRC 417(e)(3) first segment rate in effect for the second month prior to the beginning of the current plan year.

Schedule SB, Part V – Summary of Plan Provisions

The Chart Pension Plan

EIN: 34-1712937 PN: 005

This summary of plan provisions is intended only to describe the essential features of the Plan for actuarial valuation purposes. All eligibility requirements and benefit amounts should be determined in strict accordance with the plan document itself.

Plan Year: January 1 – December 31

Fiscal Year: January 1 – December 31

Sponsoring Employer: Chart Industries, Inc.

Plan Effective Date: November 1, 1968; amended and restated effective January 1, 2020; last amended April 21, 2022.

The Chart Pension Plan is a consolidation through merger of the Chart Heat Exchangers Pension Plan (“HEP”) frozen March 31, 1998, the Greenville Tube Corporation Pension Plan for Salaried Employees (“GTCP”) frozen July 31, 2003, the Chart, Inc. Retirement Income Plan (“RIP”) frozen December 31, 2004, the Chart, Inc. Service-Related Pension Plan (“SRP”) frozen February 28, 2006, and the Retirement Plan for Union Employees of Smithco Engineering (“SCP”). All of the SCP and GTCP participants in the Plan are inactive.

Definitions

Actuarially Equivalent: Equality in value such that the present value of the amount under any form of payment is the same as the present value of the amount under the normal form of annuity payment for single participants. For optional form of payment other than determining lump sum amounts purposes, actuarially equivalent factors are based on tabular factors defined by the Plan for HEP and SRP participants, the 1971 Group Annuity Mortality Table (male only) and a 7.50% interest rate for SCP participants, the 1984 Unisex Pensioners Mortality Table and a 6.50% interest rate for GTCP participants, and the 1971 Group Mortality Table (98% male for joint & survivor options, 84% male for certain & continuous options), without margins and projected to 1976 by Scale E, and a 6.50% interest rate for RIP participants. For purposes of determining lump sum amounts for all participants, actuarially equivalent factors are based on the applicable mortality table specified in IRS Notice 2008-85 for the plan year of distribution and the statutory three-tier segment interest rates in effect for the second month prior to the plan year of distribution.

Vesting Service: Elapsed time calculated in full years and months for the active participants in the HEP, SRP, and RIP plans. A full month of vesting service is granted if hired during the first 15 days of the month or if termination occurs after the 15th day of the month.

Credited Service: Credited service is used in each plan’s accrued benefit formula. Accrual is frozen for all participants.

Covered Compensation: The average, without indexing, of the Social Security Taxable Wage Bases in effect for each calendar year during the 35-year period ending on the last day of the calendar year in which the employee attains Social Security Retirement Age. Covered compensation amounts froze at the time a participant ceased to accrue benefits under the Plan.

GTCP Accrued Benefit: The annual accrued benefit for a GTCP participant in the “Hourly Plan” is the sum of \$48 times credited service as of December 31, 1988, 1.25% of average annual earnings times credited service earned after December 31, 1988, and 0.60% of average annual earnings in excess of covered compensation times credited service earned after December 31, 1998. Average annual earnings is 12 times the average of the highest 60 consecutive months of earnings earned in the 120 months immediately preceding termination or plan freeze.

The annual accrued benefit for a GTCP participant not in the “Hourly Plan” is the sum of 1.25% of average annual earnings times credited service and 0.60% of average annual earnings in excess of covered compensation times credited service earned after December 31, 1998.

HEP Accrued Benefit: The annual accrued benefit equals the benefit levels listed below times credited service.

Annual Benefit Level for HEP Participants	Termination During Following Period
\$204	1/3/1986 – 12/31/1988
222	1989
228	1990
234	1991
240	1992
246	1993
252	1994
276	1995
300	1996
312	On or after 1/1/1997

SRP Accrued Benefit: If termination occurred on or after March 1, 2001, the annual accrued benefit is equal to \$300 times credited service. If termination occurred prior to March 1, 2001, the annual accrued benefit equals the benefit levels listed below times credited service earned during each applicable period.

Annual Benefit Level for SRP Participants	Credited Service Earned During Following Period
\$120.00	Prior to 3/1/1989
156.60	3/1/1989 to 2/28/1995
240.00	3/1/1995 to 2/28/2001

RIP Accrued Benefit: The annual accrued benefit is the sum of 1% of average annual earnings times credited service and the excess, if any, of 0.50% of average annual earnings times credited service minus 1.50% of the Primary Social Security Benefit times credited service (limited to 50% of the Primary Social Security Benefit). Average annual earnings is the average of the highest 5 consecutive years of earnings earned in the 15 years immediately preceding termination or plan freeze. The Primary Social Security Benefit is the estimated annual primary insurance amount, determined at the later of termination or plan freeze, payable as of the date a participant is first entitled to unreduced primary insurance amounts under the Social Security Act.

For SRP participants who transferred to the RIP plan, the RIP accrued benefit is determined using all years of credited service and is offset by SRP accrued benefit determined using credited service earned as a SRP participant.

SCP Accrued Benefit: If actively employed as of May 14, 2004, the annual accrued benefit equals the benefit levels listed below times credited service earned during each applicable period. However, the accrued benefit cannot be less than \$250 per month times the ratio of credited service to credited service projected to normal retirement. If not actively employed on or after May 14, 2004, the plan provides defines alternative benefit levels and minimum accrued benefit for credited service earned prior to 2004.

Annual Benefit Level for SCP Participants	Credited Service Earned During Following Period
\$180	Prior to 2008
204	2008
228	2009
252	2010
276	2011
300	2012
300	2013
324	2014
324	2015
336	2016+

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the i) attainment of age 65 for HEP, GTCP, and SCP participants and ii) attainment of age 65 and 5 years of vesting service for SRP and RIP participants.

Normal Retirement Benefit: The monthly accrued benefit payable as a life annuity.

Early Retirement

Eligibility: The attainment of age 55 and 10 years of credited service for GTCP participants, the attainment of age 55 and 5 years of vesting service for HEP, RIP, and SRP participants, and the attainment of age 60 with 10 years of vesting service for SCP participants.

Benefit: For SRP and GTCP participants, the monthly accrued benefit, reduced by 0.5% for each month commencement precedes normal retirement, payable as a life annuity. For HEP participants, the monthly accrued benefit, reduced by 2/12 of 1% for the first 36 months and 5/12 of 1% for the next 84 months that commencement precedes normal retirement, payable as a life annuity. For SCP participants, the monthly accrued benefit, reduced by 1/180 for the first 60 months and 1/360 for the next 60 months that commencement precedes normal retirement, payable as a life annuity.

For RIP participants, the monthly accrued benefit, reduced as described by the table below, payable as a life annuity. The accrued benefit for RIP participants whose age plus vesting service as of termination is greater than or equal to 90 ("Rule of 90"), is not reduced for early retirement, unless they are less than age 61 as of commencement. If a RIP participant that qualifies for the Rule of 90 is less than age 61 as of commencement, the Primary Social Security Benefit component of their monthly accrued benefit is reduced for early commencement according to the table below, but the applicable reduction factor is for the age the participant first qualified for the Rule of 90.

Commencement Age	RIP Early Retirement Reduction Factor
65	100%
64	98%
63	96%
62	94%
61	90%
60	85%
59	80%
58	74%
57	68%

56	62%
55	56%

Deferred Retirement

Eligibility: Termination after normal retirement.

Benefit: The greater of the monthly accrued benefit as of the commencement date or the actuarially increased monthly accrued benefit as of normal retirement (or plan freeze, if later), payable as a life annuity. For HEP and RIP participants, the actuarial increase is 0.75% and 0.5%, respectively, for each month commencement exceeds normal retirement. For SRP participants, the actuarial equivalence for late commencement is based on an 8.00% interest rate and the 1983 Group Annuity Mortality Table (50/50 unisex).

All terminated participants, except SCP participants, which commence payments after normal retirement receive a distribution for missed payments with interest. The monthly accrued benefit as of normal retirement for terminated SCP participants is actuarially increased based on a 7.50% interest rate and the 1971 Group Annuity Mortality Table for males.

Termination

Eligibility: All participants are 100% vested.

Benefit: The monthly accrued benefit payable as a life annuity at normal retirement. Participants that met the service requirements for their plan are eligible to commence payments early and receive a benefit reduced by for each month commencement precedes normal retirement in the same manner described above for active participants, except for RIP participants. For RIP participants who were not early retirement eligible at termination, the monthly accrued benefit is reduced by 5/9 of 1% for the first 60 months and 5/18 of 1% for the next 60 months that commencement precedes normal retirement, payable as a life annuity.

Disability Benefit

Eligibility: Termination of service due to total disability after the completion of at least 10 years of credited service for HEP participants or the attainment of age 45 with 15 years of vesting service for SRP participants. No disability benefit is available to RIP, GTCP, or SCP participants.

Benefit: For HEP participants, the monthly accrued benefit reduced for any other ancillary disability benefit provided by the Plan Sponsor, but not reduced for early retirement, payable immediately as a life annuity until normal retirement. For SRP participants, the greater of \$50 per month and the monthly accrued benefit, without reduction for early commencement, commences the later of the date proof of disability is provided or 6 months after disability and is payable as a life annuity until normal retirement. The normal retirement benefit for a disabled SRP participant cannot be less than \$50 per month, after reduction for form of payment elections.

Preretirement Death

Eligibility: Death after 100% vested with a surviving spouse.

Benefit: The surviving spouse of a HEP participant is eligible to receive the survivor's portion of the 50% joint and survivor annuity that would have been payable had the participant terminated employment on their date of death, survived to their earliest possible retirement date, and begun receiving benefits as a 50% joint and survivor annuity. The surviving spouse may elect to commence the benefit as early as the participant's age 45 and receive a benefit reduced by 4/12 of 1% for the additional 120 months by which commencement precedes the participant's normal retirement date. The surviving spouse may also elect to defer payments to the participant's normal retirement date.

The surviving spouse of a GTCP participant is eligible to receive the survivor's portion of the 100% joint and survivor annuity that would have been payable had the participant terminated employment on their date of death, survived to their earliest possible retirement date, and begun receiving benefits as a 100% joint and survivor annuity. This benefit is

payable at the earliest date the participant could have retired under the plan. The surviving spouse may elect to defer payments to the participant's normal retirement date.

The surviving spouse of a RIP participant is eligible to receive the greater of i) 40% of the participant's monthly accrued benefit (unreduced for early commencement), reduced by 1/5 of 1% for each calendar month in excess of 120 by which the spouse's birthdate follows the participant's birthday (for spouses that are more than 10 years younger than the participant, or ii) survivor's portion of the 50% joint and survivor annuity that would have been payable had the participant terminated employment on their date of death, survived to their earliest possible retirement date, and begun receiving benefits as a 50% joint and survivor annuity. This benefit is payable at the earliest date the participant could have retired under the plan. The surviving spouse may elect to defer payments to the participant's normal retirement date.

The surviving spouse of a SRP participant is eligible to receive the greater of i) 40% of the participant's monthly accrued benefit (reduced for early retirement as applicable), or ii) survivor's portion of the 50% joint and survivor annuity that would have been payable had the participant terminated employment on their date of death, survived to their earliest possible retirement date, and begun receiving benefits as a 50% joint and survivor annuity. This benefit is payable at the earliest date the participant could have retired under the plan. The surviving spouse may elect to defer payments to the participant's normal retirement date.

The surviving spouse of a SCP participant is eligible to receive the survivor's portion of the 50% joint and survivor annuity that would have been payable had the participant terminated employment on their date of death, survived to their earliest possible retirement date, and begun receiving benefits as a 50% joint and survivor annuity. This benefit is payable at the earliest date the participant could have retired under the plan. The surviving spouse may elect to defer payments to the participant's required beginning date.

Postretirement Death

In addition to any elected survivor benefits, the beneficiary of a retired HEP participant who had 10 years of vesting service at termination receives an additional \$4,000 lump sum distribution if termination occurred before February 7, 2001, \$5,000 if termination occurred on or after February 7, 2001 and before July 1, 2001, or \$0 if termination occurred on or after July 1, 2001.

Forms of Payment

Normal Forms: Life annuity, if single; an actuarially equivalent 50% joint and survivor annuity, if married.

Optional Forms: For HEP participants, life annuity or actuarially equivalent 5-year certain and continuous annuity, 50%, 75%, or 100% joint and survivor annuity, or a mandatory lump sum if the value is \$5,000 or less.

For SRP participants, life annuity or actuarially equivalent 10-year certain and continuous annuity, 50%, 66.67%, 75%, or 100% joint and survivor annuity, or a mandatory lump sum if the value is \$5,000 or less.

For RIP participants, life annuity or actuarially equivalent 10 or 15-year certain and continuous annuity, 50%, 66.67%, 75%, or 100% joint and survivor annuity, or a mandatory lump sum if the value is \$5,000 or less.

For GTCP participants, life annuity or actuarially equivalent 5 or 10-year certain and continuous annuity, 50%, 66.67%, 75%, or 100% joint and survivor annuity, a lump sum if the value is \$10,000 or less, or a mandatory lump sum if the value is \$5,000 or less.

For SCP participants, life annuity or actuarially equivalent 5 or 10-year certain and continuous annuity, 50%, 66.67%, or 100% joint and survivor annuity, or a mandatory lump sum if the value is \$5,000 or less. A 75% joint and survivor annuity is also available to married participants that elect their spouse as their beneficiary.

Schedule SB, line 26a – Schedule of Active Participant Data

The Chart Pension Plan

EIN: 34-1712937 PN: 005

The number of active participants, summarized by attained age and years of credited service as of January 1, 2022 is shown below.

Age	Years of Service										Total
	0-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-40	40+	
0-24											0
25-29											0
30-34											0
35-39	3	1									4
40-44	1	5	1								7
45-49	2	11	4	6							23
50-54	1	12	10	5	5						33
55-59	1	9	13	7	12	2					44
60-64	2	9	9	7	6	8	18				59
65-69		3	1	6	1	1					12
70+											0
Total	10	50	38	31	24	11	18	0	0	0	182

Schedule SB, Line 25 – Change in Method

The Chart Pension Plan

EIN: 34-1712937 PN: 005

This filing reflects a change in the Enrolled Actuary for the Plan. The change in actuary is due to a change in service providers for the Plan. The new actuary has matched the prior year's valuation of the funding target, normal cost, and actuarial value of assets within 5% of the results from the prior enrolled actuary, and the new valuation method is substantially the same as the prior valuation method. Thus, Announcement 2010-3 provides automatic approval of this change in method.



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Suite 100
Ball Ground, GA 30107
Telephone 770-721-8800
www.chartindustries.com

September 6, 2023

**Notice to Terminated Accountant
or Enrolled Actuary**

I, as Plan Administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2022 Form 5500, Annual Return/Report of Employee Benefit Plan, for The Chart Pension Plan. This Form 5500 is identified in line 2b by the nine-digit EIN (34-1712937) and in line 1b by the three-digit PN (005).

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to: Office of Enforcement, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

Explanation

Change in service providers

A handwritten signature in cursive script, reading "Jamie L. Malecha", is written over a horizontal line.

Plan Administrator Signature

9/6/2023

Date

Jamie L. Malecha

Plan Administrator (Print)

Schedule SB, Part V – Schedule of Actuarial Assumptions/Methods

The Chart Pension Plan

EIN: 34-1712937 PN: 005

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

The actuarial cost method used for determining the Plan's ERISA funding requirements 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 the 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.

Asset Valuation Method

The actuarial value of assets used for determining the plan's ERISA funding requirements is equal to the market value of assets as of the valuation date minus a decreasing fraction of the investment gain or loss for each of the 2 preceding years, but it cannot be less than 90% nor more than 110% of the market value of assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets and the applicable statutory interest rate for the year.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

PBGC Variable-Rate Premium Method

The Plan Sponsor elected to use the alternative methodology for determining the PBGC variable-rate premium for the 2020 plan year. This election will stay in effect for all subsequent plan years until revoked after a minimum of five plan years.

Amortization Method

For the Plan's ERISA funding requirements, incremental funding shortfall amounts are amortized over a fifteen- year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430. The Plan Sponsor elected to eliminate existing shortfall amortization bases and begin reflecting a fifteen-year amortization period for plan years beginning after December 31, 2021.

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Funding 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.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	1.07%	1.07%
Segment 2 (5–20 years)	5.18%	2.68%	2.68%
Segment 3 (20+ years)	5.92%	3.36%	3.36%
Effective Interest Rate	5.36%	2.84%	2.84%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor (adopted January 1, 2008). The Plan Sponsor elected to begin reflecting an extended segment rate stabilization corridor for plan years beginning after December 31, 2020 for funding and IRC Section 436 purposes.

Maximum deductible contribution and PBGC premium: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

Expected investment return: 5.34% per year for the 2022 plan year (4.63% per year for the 2021 plan year, 6.00% (limited to 5.94%) for the 2020 plan year) to reflect future expected market conditions, limited to the third segment rate. The expected investment return is based on the median results for a 20-year period from Milliman's investment return model, which uses Milliman's capital market outlook as of the valuation date for the Plan's target asset allocation.

Expenses

For funding purposes, administrative expenses expected to be paid with plan assets is equal to actual administrative expenses paid during the prior plan year, net the PBGC premium for the prior plan year, plus the expected PBGC premium for the current plan year (\$122,368 for the 2022 plan year and \$205,344 for the 2021 plan year).

DEMOGRAPHIC ASSUMPTIONS

Unless prescribed by statute, the following demographic assumptions are based on experience expectations for the Plan. The Chart Pension Plan is a consolidation through merger of the Chart Heat Exchangers Pension Plan ("HEP"), the Greenville Tube Corporation Pension Plan for Salaried Employees ("GTCP"), the Chart, Inc. Retirement Income Plan ("RIP"), the Chart, Inc. Service-Related Pension Plan ("SRP"), and the Retirement Plan for Union Employees of Smithco Engineering ("SCP"). All of the SCP and GTCP participants in the Plan are inactive.

Due to transition time constraints and the unavailability of a documented experience study, the demographic assumptions, specifically the retirement, termination, disability, form of payment, and marital assumptions listed herein, used to determine the January 1, 2022 liability amounts were set by the prior Enrolled Actuary, Andrew B. Hodges, for the January 1, 2021 actuarial valuation. We are unable to judge reasonableness of the assumptions and methods used without performing a substantial amount of additional work beyond the scope of the assignment.

Special Data Adjustments

The eligibility and amount of the additional HEP death benefit and the amount of the RIP Rule of 90 benefit prior to age 61 were determined based on the limited data provided.

The Rule of 90 benefit is not being valued for 2 RIP active participants as the components of their accrued benefit are not available. It is assumed their Rule of 90 benefit equals their normal retirement benefit.

Benefits not Valued

Disability benefits for active HEP participants are not valued due to the lack of data required to determine benefit amounts (i.e., the value of any disability benefit payable under state or federal law, excluding Social Security, Workers Compensation, or statutory lump sum for loss of a bodily member).

Additional vesting and benefit requirements per IRC Section 416 for qualified plans considered top-heavy are not reflected. Although the top-heavy test has not been performed, it is expected that the plan will not be top-heavy for the current year based on the demographics of the plan population.

Decrement Timing

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

Mortality

ERISA minimum funding, maximum deductible contribution, and PBGC premium: Statutory static tables for 2022, with separate rates for annuitants and non-annuitants, based on the RP-2014 Mortality Table, adjusted to 2006, with generational mortality improvement based on the MP-2020 projection scale is used for all lives.

ASC 960 accounting: To reflect the current mortality expectations of the Society of Actuaries, assumed mortality for healthy SCP and RIP lives is based on the Pri-2012 Mortality Tables, amount-weighted with separate rates for annuitants and non-annuitants. Assumed mortality for healthy GTCP, SRP, and HEP lives is based on the Pri-2012 Blue Collar Mortality Tables, amount-weighted with separate rates for annuitants and non-annuitants. The Contingent Survivor Mortality Table is used for SCP and RIP surviving beneficiaries after participant death and the Blue Collar Contingent Survivor Mortality Table is used for GTCP, SRP, and HEP surviving beneficiaries after participant death. The Disabled Mortality Table (no collar adjustment) is used for all disabled participants. To reflect greater future longevity, generational mortality improvement is projected for all lives based on the MP-2021 projection scale.

Retirement

The following are annual rates of retirement for active HEP participants eligible for retirement:

Age	Rate
62	80%
63 – 64	0%
65+	100%

SRP participants are assumed to retire at age 62 and RIP participants are assumed to retire at the earlier of age 65 or at the age when their service plus age equals 98, but not earlier than age 55.

All current and future terminated vested participants, and their survivors upon death prior to retirement, are assumed to commence benefit payments at the participant's age 65, or current age if greater.

Future surviving spouses of active SRP and RIP participants are expected to commence at the participant's earliest retirement age. Future surviving spouses of active HEP participants are expected to commence at the earlier of the participant's age 45 or date of death.

Form of Payment

Life annuity; 50% joint and survivor annuity (or 100% joint and survivor annuity for GTCP participants) for future death benefits.

Except for SCP participants, current terminated participants over age 65 are expected to receive a distribution for missed payments with interest, valued using the IRC 417(e)(3) first segment rate in effect for the second month prior to the beginning of the current plan year. Current terminated SCP participants over age 65 receive the deferred retirement benefit described by the Plan.

Marital Characteristics

Actual beneficiary birth dates if included in the census data. Otherwise, 75% of SCP participants are assumed to be married with males assumed to be the same age as females, 85% of HEP participants are assumed to be married with males assumed to be 4 years older than females, 100% of SRP and RIP participants are assumed to be married with males assumed to be 4 years older than females, and 90% of male GTCP participants and 60% of female GTCP participants are assumed to be married with males assumed to be 3 years older than females.

Termination

Sample annual rates of termination for HEP participants are as follows:

Age	Rate
25	0.0375
30	0.0281
35	0.0210
40	0.0149
45	0.0101
50	0.0056
55+	0.0000

Sample annual rates of termination for RIP participants are as follows:

Age	Rate
25	0.072
30	0.050
35	0.035
40	0.022
45	0.014
50	0.010
55	0.006
60	0.001
65+	0.000

Sample annual rates of termination for SRP participants by gender are as follows:

Age	Male Rate	Female Rate
25	0.149	0.285
30	0.104	0.179
35	0.074	0.122
40	0.043	0.086
45	0.027	0.056
50	0.010	0.034
55	0.000	0.017
60	0.000	0.000
65+	0.000	0.000

Disability

The following are sample annual rates of disablement for active participants based on age:

Age	Rate
30	0.0003
35	0.0005
40	0.0007
45	0.0010
50	0.0017
55	0.0039
60	0.0106
65	0.0000

Schedule SB, Line 22 – Weighted Average Retirement Age

The Chart Pension Plan

EIN: 34-1712937 PN: 005

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) x (b) x (c)
62	80.0%	1.0000	49.60
63	0%	0.2000	0.00
64	0%	0.2000	0.00
65	100.0%	0.2000	13.00
Heat Exchangers Pension Plan Weighted Average			62.60

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) x (b) x (c)
62	100.0%	1.0000	62.00
63	0.0%	0.0000	0.00
64	0.0%	0.0000	0.00
65	0.0%	0.0000	0.00
Chart, Inc. Service-Related Pension Plan Weighted Average			62.00

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) x (b) x (c)
62	0%	1.0000	0.00
63	0%	1.0000	0.00
64	0%	1.0000	0.00
65	100.0%	1.0000	65.00
Chart, Inc. Retirement Income Plan Weighted Average			65.00
Total Plan Weighted Average			63.20

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

► **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 The Chart Pension Plan	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 Chart Industries, Inc.	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>1</u> Day <u>1</u> Year <u>2022</u>			
2 Assets:			
a Market value	2a	61,911,172	
b Actuarial value	2b	56,599,484	
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	529	31,461,199	31,461,199
b For terminated vested participants	285	10,363,144	10,363,144
c For active participants	182	6,636,525	7,064,189
d Total	996	48,460,868	48,888,532
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	5.36 %	
6 Target normal cost:			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	122,368	
c Total (line 6a + line 6b)	6c	122,368	

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

SIGN HERE	 Signature of actuary	<u>10/16/2023</u> Date
	<u>Anthony Nardis</u> Type or print name of actuary	<u>23-07017</u> Most recent enrollment number
	<u>Milliman Inc</u> Firm name	<u>(404) 237-7060</u> Telephone number (including area code)
	<u>3424 Peachtree Rd NE Suite 1900 Atlanta GA 30326</u> Address of the firm	

The Chart Pension Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year) - December 31, 2022
 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	\$ 5,362,942
*	Empower Retirement, LLC	Glenmede Small Cap Equity Fund	2,828,566	4,199,620
*	Empower Retirement, LLC	MFS Research Fund A	1,985,862	4,349,871
*	Empower Retirement, LLC	Dodge & Cox Income Fund	4,482,441	4,478,054
*	Empower Retirement, LLC	Sterling Cap Total Return Bond Fund	4,933,168	4,409,017
*	Empower Retirement, LLC	JP Morgan US Equity Fund	1,636,204	4,046,145
*	Empower Retirement, LLC	MM S&P 500 Index	2,327,542	4,070,583
*	Empower Retirement, LLC	American Funds American Mutual	2,906,923	4,188,345
*	Empower Retirement, LLC	MFS Growth R3	3,265,259	3,142,239
*	Empower Retirement, LLC	Oakmark International Fund	1,560,642	2,067,856
*	Empower Retirement, LLC	American Funds EuroPacific Growth R4	1,211,925	2,053,587
*	Empower Retirement, LLC	PGIM High-Yield Fund	1,678,504	2,046,796
*	Empower Retirement, LLC	JP Morgan High Yield Fund A	1,936,460	2,058,579
*	Empower Retirement, LLC	Invesco Developing Markets Fund Y	1,031,917	1,503,618
Total pooled separate accounts			34,487,259	47,977,252
Fully benefit-responsive investment contract				
*	Empower Retirement, LLC	Guaranteed Interest Account	1,101,351	1,103,916
Total			\$ 35,588,610	\$ 49,081,168

* 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, 2022 EIN/PN: 34-1712937/005

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
* Empower	MFS Growth R3	\$ 3,453,802	\$ -	\$ 3,453,802	\$ 3,453,802	\$ -

*Represents Party-in-interest as defined by ERISA.