

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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: [x] 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 400 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	896
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	139
	<b>6a(2)</b>	22
	<b>6b</b>	492
	<b>6c</b>	88
	<b>6d</b>	602
	<b>6e</b>	79
	<b>6f</b>	681
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

**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
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 1
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

**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.

**1 Coverage Information:**

(a) Name of insurance carrier  
**MASSMUTUAL LIFE INSURANCE CO.**

(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	681	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	36362
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	43111035
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment      (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 3461478
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 31650
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 31650
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 3493128
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 2952136
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶ <b>PAYMENT TO PBGC, BDO FOR AUDIT, MERCER FOR ACTUARIAL, EMPOWER FOR ADMINISTRATION</b>	<b>7e(4)</b> 504630
(5) Total deductions .....	<b>7e(5)</b> 3456766	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 36362

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>54030013</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>54630360</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>563</u>	<u>32677558</u>
	<b>b</b> For terminated vested participants .....	<u>260</u>	<u>9459592</u>
	<b>c</b> For active participants .....	<u>144</u>	<u>5565423</u>
	<b>d</b> Total .....	<u>967</u>	<u>47702573</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.13 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>138626</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>138626</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>04/22/2025</u>
	<u>MARY KATHRYN MCCORISON</u>	Date
	Type or print name of actuary	<u>23-08344</u>
	<u>MILLIMAN, INC.</u>	Most recent enrollment number
	Firm name	<u>470-303-0297</u>
	<u>3424 PEACHTREE RD NE</u>	Telephone number (including area code)
	<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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>17.13</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	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>5.07</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	114.00 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	114.00 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	109.47 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
					0

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: %	2nd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b>
<b>22</b> Weighted average retirement age .....			<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 138626
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 138626
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	0		0
<b>b</b> Waiver amortization installment.....	0		0
<b>33</b> 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 .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

MERCER

13-2834414

(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?
11	SERVICE PROVIDER	537376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ANNUITY INSURANCE

COMPANY OF AMERICA  
8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
64 14	RECORDKEEPER	119828	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BDO USA, LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	37530	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

RAYMOND JAMES

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	30000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	BDO USA, P.C.	<b>b</b> EIN:	13-5381590
<b>c</b> Position:	AUDITOR		
<b>d</b> Address:	615 S. COLLEGE STREET SUITE 1200 CHARLOTTE, NC 28202	<b>e</b> Telephone:	704-887-4236

Explanation: ANOTHER BUSINESS LINE AT BDO PURSUED (AND WON) AN OPPORTUNITY AT CHART THAT POSED A THREAT TO OUR AUDITOR INDEPENDENCE. THE COMPANY APPOINTED BDO FOR THIS OTHER SERVICE.

<b>a</b> Name:		<b>b</b> EIN:	
<b>c</b> Position:			
<b>d</b> Address:		<b>e</b> Telephone:	

Explanation:

<b>a</b> Name:		<b>b</b> EIN:	
<b>c</b> Position:			
<b>d</b> Address:		<b>e</b> Telephone:	

Explanation:

<b>a</b> Name:		<b>b</b> EIN:	
<b>c</b> Position:			
<b>d</b> Address:		<b>e</b> Telephone:	

Explanation:

<b>a</b> Name:		<b>b</b> EIN:	
<b>c</b> Position:			
<b>d</b> Address:		<b>e</b> Telephone:	

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN US GOVERNMENT MMKT INSTL</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN</u>				
<b>c</b> EIN-PN <u>90-0779283-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>6682001</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TOTAL BOND MARKET INDEX AD</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD</u>				
<b>c</b> EIN-PN <u>90-0779283-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>3106766</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS GOVERNMENT SECURITIES R3</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>MFS</u>				
<b>c</b> EIN-PN <u>90-0779283-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2574095</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO LONG-TERM CREDIT BOND INSTL</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>PIMCO</u>				
<b>c</b> EIN-PN <u>90-0779283-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>6678315</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DODGE &amp; COX INCOME</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>DODGE &amp; COX</u>				
<b>c</b> EIN-PN <u>90-0779283-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>5184753</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STERLING CAPITAL TOT RETURN BOND A</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>STERLING CAPITAL FUNDS</u>				
<b>c</b> EIN-PN <u>04-3331055-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>5183483</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO LONG DURATION TOTAL RETURN IN</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>PIMCO</u>				
<b>c</b> EIN-PN <u>90-0779283-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>3040572</u>	

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD LONG-TERM INVESTMENT GRADE**

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

<b>c</b> EIN-PN <b>90-0779283-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3547311</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO LONG-TERM US GOV INSTL**

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

<b>c</b> EIN-PN <b>90-0779283-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3489864</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>THE CHART PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>005</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CHART INDUSTRIES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>34-1712937</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	39487160
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	3623875
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	36362
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	54030013	43147397
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	54030013	43147397

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	31650	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		31650
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	64203	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		64203
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1073184	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		
<b>c</b> Other income .....	2c		6292
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		1175329

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11241157	
(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)		11241157
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	22828	
(3) Recordkeeping fees .....	2i(3)	97000	
(4) IQPA audit fees .....	2i(4)	37530	
(5) Investment advisory and investment management fees .....	2i(5)	30000	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)	537376	
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	92054	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		816788
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		12057945

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-10882616
<b>l</b> 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: SIKICH CPA LLC

(2) EIN: 54-1172176

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 559928.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> 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.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	204
--	---	-----

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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

**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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.



## **THE CHART PENSION PLAN**

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**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT**

**For the Years Ended December 31, 2024 (In Liquidation)  
and 2023 (Ongoing)**

The background of the lower half of the page is an abstract, grayscale geometric pattern. It consists of numerous overlapping, semi-transparent planes and lines that create a sense of depth and complexity, resembling a wireframe or a complex architectural structure.

**SIKICH.COM**

**THE CHART PENSION PLAN**  
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## **INDEPENDENT AUDITOR'S REPORT**

To the Chart Industries, Inc. Retirement Plan Committee  
The Chart Pension Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements**

We have performed an audit of the accompanying 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 (in liquidation), and the related statement of changes in net assets available for benefits (in liquidation), and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### **Opinion on the 2024 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section:

- The amounts and disclosures in the 2024 financial statements referred to above, 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.

- The information in the 2024 financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion on the 2024 Financial Statements**

We conducted our audit 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 2024 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 audit. 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.

### **Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting**

As described in Note 1 to the financial statements, the Fiduciary Committee of Chart Industries, Inc. formally approved the termination of the Plan effective July 31, 2024, and liquidation was deemed imminent. As a result, The Plan has changed its basis of accounting from the ongoing basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

### **Responsibilities of Management for the 2024 Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance accounting principles generally accepted in the United States of America 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.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, 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 2024 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements 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.

Our audit 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 2024 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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 Matters**

### *2024 Supplemental Schedules Required by ERISA*

The schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor'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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Auditor's Report on the 2023 Financial Statements*

The financial statements of the Plan as of December 31, 2023, were audited by predecessor auditors. In accordance with 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, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by qualified institutions. Their report dated October 15, 2024 indicated that in their opinion (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determines meets the requirements of ERISA Section 103(a)(3)(C).

*Sheehy CPA LLC*

Naperville, Illinois  
October 14, 2025

## **FINANCIAL STATEMENTS**

**THE CHART PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2024 (In Liquidation) and 2023 (Ongoing)

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	<b>2024</b>	<b>2023</b>
	<b>(In Liquidation)</b>	<b>(Ongoing)</b>
<b>ASSETS</b>		
Investments at fair value	\$ 43,147,397	\$ 54,030,013
Total assets	<u>43,147,397</u>	<u>54,030,013</u>
<b>LIABILITIES</b>		
None	<u>-</u>	<u>-</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 43,147,397</u>	<u>\$ 54,030,013</u>

See accompanying notes to financial statements.

## THE CHART PENSION PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 (In Liquidation) and 2023 (Ongoing)

	<b>2024</b>	<b>2023</b>
	<b>(In Liquidation)</b>	<b>(Ongoing)</b>
<b>ADDITIONS IN NET ASSETS ATTRIBUTED TO</b>		
Investment income		
Net appreciation in fair value of investments	\$ 1,079,476	\$ 8,124,661
Interest and dividends	95,853	21,848
	<hr/>	<hr/>
Total additions	1,175,329	8,146,509
	<hr/>	<hr/>
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>		
Benefits paid to participants	11,241,157	3,065,036
Administrative expenses	816,788	135,297
	<hr/>	<hr/>
Total deductions	12,057,945	3,200,333
	<hr/>	<hr/>
NET (DECREASE) INCREASE	(10,882,616)	4,946,176
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	54,030,013	49,083,837
	<hr/>	<hr/>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$ 43,147,397	\$ 54,030,013
	<hr/> <hr/>	<hr/> <hr/>

See accompanying notes to financial statements.

# THE CHART PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 (In Liquidation) and 2023 (Ongoing)

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### 1. DESCRIPTION OF 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 under the Internal Revenue Code (IRC) Section 401(a), which covers certain employees of Chart Industries, Inc. and its affiliates (collectively, the Company) and their beneficiaries. The Plan provides certain protected rights, benefits, and features applicable only to certain identifiable participant groups resulting from past mergers of affiliated plans. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). All participants were 100% vested as of the Plan's termination date.

#### Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and assets will be distributed to participants in accordance with the Plan's provisions. Effective July 31, 2024, the Company's Fiduciary Committee formally authorized the termination of the Plan. The Plan amendment associated with the Plan termination indicates that distributions shall be made in the following manner:

- i. Annuity purchase for participants in pay status
- ii. Mandatory lump sums for participants who are not in pay status with lump sum values less than \$7,000
- iii. Window option for participants who are not in pay status with lump sum values greater than \$7,000 include a lump sum option, immediate annuity option or deferred annuity option

The following provisions were in effective prior to the Plan's termination.

#### Participation

The Plan provided 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 Et Chemicals, Inc., a wholly owned subsidiary of Chart Industries, Inc. (Chart Industries). On March 31, 1998, the Plan was frozen, and participants no longer accrue service or earnings for benefit payment calculation purposes after this date.

**THE CHART PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**1. DESCRIPTION OF PLAN (Continued)**

Participation (Continued)

In addition, the Plan incorporated 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 is a wholly owned subsidiary of Chart Industries. The GTC Pension Plan provided for retirement, death, and disability benefits for substantially all employees of the Greenville, Pennsylvania and Clarksville, Arkansas facilities. Effective July 31, 2003, the GTC Pension Plan was frozen, and participants no longer accrue service or earnings for benefit payment calculation purposes after this date.

Chart Inc. is a wholly owned subsidiary of the Chart Industries. 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. Effective December 31, 2004, the RIP Pension Plan was frozen, and participants no longer accrue service or earnings for benefit payment calculation purposes after this 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 no longer accrue service or earnings for benefit payment calculation purposes after this date.

On January 1, 2020, the plan document was restated to document mergers describe above and incorporate prior amendments to the Plan. The restated plan 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.

In 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 approximately \$2.4 million were transferred into the Plan in February 2021.

**THE CHART PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**1. DESCRIPTION OF PLAN (Continued)**

Benefit Payments and Vesting

Participants were 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 were 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 was permitted at ages 55 through 64 with a reduced benefit based on the months by which payment commenced prior to the participant's normal retirement date.

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

*Greenville Tube Corporation Pension Plan for Salaried Employees*

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

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

**THE CHART PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**1. DESCRIPTION OF PLAN (Continued)**

Benefit Payments and Vesting (Continued)

*Chart, Inc. Retirement Income Plan*

Participants were entitled to a monthly benefit based on the sum of (1) 1% 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% of the participant's average compensation multiplied by credited service, and (b) equals 1.5% of the primary social security benefit multiplied by credited service, up to a maximum of 50% of the primary social security benefit. Early retirement was permitted at ages 55 through 64 with a reduced benefit based on the months by which payment commenced prior to the participant's normal retirement date.

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

*Chart, Inc. Service Related Pension Plan*

Participants were 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 was permitted at ages 55 through 64 with a reduced benefit based on the months by which payment commenced prior to the participant's normal retirement date.

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

*SmithCo Pension Plan*

Participants were 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 was 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 was also permitted, with benefits continuing to accrue, so long as limitations were not exceeded, which would result in required distributions.

**THE CHART PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**1. DESCRIPTION OF PLAN (Continued)**

Benefit Payments and Vesting (Continued)

*SmithCo Pension Plan (Continued)*

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

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

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

Associated with the termination of the Plan as discussed in Note 1, the Plan has changed its basis of accounting from the ongoing basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Under the liquidation basis of accounting, assets are measured to reflect the amount of expected consideration from liquidation and liabilities are measured in accordance with accounting principles generally accepted in the United States of America (US GAAP) that otherwise applies to such liabilities.

Use of Estimates

The preparation of financial statements is in conformity with US GAAP and requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair 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 Chart Industries, Inc. Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, trustee, and insurance companies. See Note 3 for discussion of fair value measurements.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Investment Valuation and Income Recognition (Continued)

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

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Distribution fees are charged directly to the participant and are included in administrative expenses. The Plan also pays certain investment advisory and plan administration fees from plan assets. Certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

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 has met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023, and as such, no Company contributions were required.

**3. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Topic 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 at the measurement date.

Level 2: Inputs to the valuation methodology other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- a. Quoted prices for similar assets or liabilities in active markets,

**3. FAIR VALUE MEASUREMENTS (Continued)**

Level 2: (Continued)

- b. Quoted prices for identical or similar assets or liabilities in inactive markets,
- c. Inputs other than quoted prices that are observable for the asset or liability,
- d. 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 input 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 fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. The classification and leveling of certain investments has been changed to reflect Plan management's updated understanding of the investments.

*Mutual fund:* Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-ended mutual fund that is registered with the US Securities and Exchange Commission. The fund is required to publish its daily net asset value (NAV) and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

*Guaranteed interest account:* The guaranteed interest account issued by Empower Annuity Insurance Company of America is reported at fair value, which approximates contract value. Contract value represents contributions made under the contract, plus earnings (losses), less participant withdrawals and administrative expenses. The guaranteed interest account is valued at the NAV of shares held by the Plan at year end.

*Pooled separate accounts:* Investments in units of pooled separate accounts held with an insurance company are stated at estimated fair market value and are valued by the insurance company based on the NAV of units held by the Plan at year end. The NAV is determined by the insurance company based on the market value of the underlying investments held in the pooled fund. The NAV is used as a practical expedient to estimate fair value. NAV would not be used if it was probable that the investment would not be traded at NAV.

**THE CHART PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**3. FAIR VALUE MEASUREMENTS (Continued)**

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Description	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual fund	\$ 3,623,875	\$ -	\$ -	\$ 3,623,875
Guaranteed interest account	-	36,362	-	36,362
<b>TOTAL</b>	<b>\$ 3,623,875</b>	<b>\$ 36,362</b>	<b>\$ -</b>	<b>3,660,237</b>
Investments measured at net asset value <sup>(a)</sup>				<u>39,487,160</u>
<b>TOTAL INVESTMENTS AT FAIR VALUE</b>				<u><b>\$ 43,147,397</b></u>

Description	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Guaranteed interest account	\$ -	\$ 3,461,478	\$ -	\$ 3,461,478
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ 3,461,478</b>	<b>\$ -</b>	<b>3,461,478</b>
Investments measured at net asset value <sup>(a)</sup>				<u>50,568,535</u>
<b>TOTAL INVESTMENTS AT FAIR VALUE</b>				<u><b>\$ 54,030,013</b></u>

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

**THE CHART PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**3. FAIR VALUE MEASUREMENTS (Continued)**

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table presents the fair value, unfunded commitments, redemption frequency, and redemption notice period for plan investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023:

Investment	Fair Value		Unfunded Commitment		Redemption Frequency	Redemption Notice Period
	2024	2023	2024	2023		
Dodge & Cox Income - I	\$ 5,184,753	\$ 2,645,738	\$ -	\$ -	Daily	None
JP Morgan US Government Mmkt Instl	6,682,001	-	-	-	Daily	None
MFS Government Securities R3	2,574,095	-	-	-	Daily	None
PIMCO Long Duration Total Return Instl	3,040,572	8,855,990	-	-	Daily	None
PIMCO Long-Term Credit Bond Instl	6,678,315	5,556,825	-	-	Daily	None
PIMCO Long-Term US Government Instl	3,489,864	8,254,808	-	-	Daily	None
Sterling Capital Total Return Bond A	5,183,483	3,178,730	-	-	Daily	None
Vanguard Long-Term Investment - Grade Adm	3,547,311	5,556,123	-	-	Daily	None
Vanguard Total Bond Market Index Adm	3,106,766	-	-	-	Daily	None
American Funds American Mutual R5	-	4,857,405	-	-	Daily	None
American Funds Europacific Growth R4	-	2,185,086	-	-	Daily	None
Columbia Mid Cap Index A	-	571,006	-	-	Daily	None
Franklin Mutual Global Discovery A	-	1,098,103	-	-	Daily	None
Invesco Developing Markets Y	-	1,066,278	-	-	Daily	None
JP Morgan US Equity Fund R5	-	2,721,705	-	-	Daily	None
Principal Real Estate Securities Inst	-	3,442,806	-	-	Daily	None
Calamos Timpani Small Cap Growth C	-	577,932	-	-	Daily	None
<b>TOTALS</b>	<b>\$ 39,487,160</b>	<b>\$ 50,568,535</b>	<b>\$ -</b>	<b>\$ -</b>		

**THE CHART PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**4. CERTIFICATION OF FINANCIAL INFORMATION**

The financial data included in the accompanying financial statements as of and for the years ended December 31, 2024 and 2023 and supplemental schedule of assets (held at end of year) as of December 31, 2024 and schedules of reportable transactions for the year ended December 31, 2024, have been certified as complete and accurate by Empower Trust, Company, LLC, Empower Annuity Insurance Company of America (EAIC) and Massachusetts Mutual Life Insurance Company under a power of attorney granted by EAIC, qualified institutions. The following certified information was obtained by management and agreed to or derived from information certified as complete and accurate; and has not been audited by the independent auditors for the Plan: investments at fair value, interest and dividends, and net appreciation in fair value of investments.

**5. ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the participants as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. 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 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 effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. The significant actuarial assumptions used in the valuations, prior to the effective termination of the Plan in 2024, are as follows:

Actuarial Rates

The actuarial present value of accumulated plan benefits was determined using the following actuarial rates as of January 1, 2024 and 2023:

	2024	2023
Discount rate	6.00%	7.00%
Effective interest rate	5.13%	5.07%

**THE CHART PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**5. ACCUMULATED PLAN BENEFITS (Continued)**

Mortality

For SmithCo Pension Plan and RIP Pension Plan, the assumed mortality of healthy lives is based on the Pri-2012 Mortality Tables, amount weighted with separate rates for annuitants and non-annuitants. The Contingent Survivor Mortality Table is used for surviving beneficiaries after participant death. Assumed Mortality for healthy GTC Pension Plan, SRPP Pension Plan and Heat Exchangers lives is based on the Pri-2012 Blue Collar Mortality Table, amount weighted with separate with separate rates for annuitants and non-annuitants. The Blue-Collar Contingent Survivor Mortality Table is used for 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 Ages

Eighty percent (80%) of participants are assumed to retire at age 62 for active Heat Exchangers participants, the remainder retire at age 65+. SRPP Pension Plan participants are assumed to retire at 62, and RIP Pension Plan participants at age 65 or at the age when their service plus age equals 98, but not earlier than age 55. GTC Pension Plan and SmithCo Pension Plan participants at age 65. All current and future terminated vested participants, and their survivors upon death prior to retirement, are assumed to commence benefit payments at the participants age 65, or current age if greater. Future surviving spouses of active SRPP Pension Plan and RIP Pension Plan participants are expected to commence at the participants earliest retirement age. Future surviving spouses of active Heat Exchangers participants are expected to commence at the earlier of the participant's age 45 or date of death.

Benefit Limits

Projected benefits are limited by the current IRC Section 415 maximum benefit and the IRC Section 401(a)(17) compensation limits.

**THE CHART PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

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**5. ACCUMULATED PLAN BENEFITS (Continued)**

Present Value of Accumulated Plan Benefits

The present value of accumulated plan benefits, as computed by independent actuaries, determined as of the valuation date of January 1, 2024, was as follows.

**ACTUARIAL PRESENT VALUE OF ACCUMULATED  
PLAN BENEFITS**

Vested benefits	
Participants currently receiving payments	\$ 30,436,844
Participants entitled to deferred benefits	8,531,352
Active participants	<u>5,051,992</u>
Total vested benefits	44,020,188
Nonvested benefits	<u>198,958</u>
<b>TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED  PLAN BENEFITS</b>	<b><u>\$ 44,219,146</u></b>

The following is a summary of the changes in the actuarial present value of accumulated plan benefits:

<b>ACTUARIAL PRESENT VALUE OF ACCUMULATED  PLAN BENEFITS, JANUARY 1, 2023</b>	<b><u>\$ 40,953,802</u></b>
<b>INCREASE (DECREASE) DURING THE YEAR  ATTRIBUTABLE TO</b>	
Increase for interest due to the decrease in the discount period	2,761,304
Benefits paid to participants	(3,065,036)
Benefits accumulated and plan experience	72,912
Change in assumptions*	<u>3,496,164</u>
Net increase	<u>3,265,344</u>
<b>ACTUARIAL PRESENT VALUE OF ACCUMULATED  PLAN BENEFITS, JANUARY 1, 2024</b>	<b><u>\$ 44,219,146</u></b>

\* For the January 1, 2024 actuarial valuation, the change in assumptions includes a change in the discount rate used and the statutory interest rates and statutory mortality tables as prescribed by law.

**THE CHART PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**5. ACCUMULATED PLAN BENEFITS (Continued)**

The computation of the actuarial present value of accumulated plan benefits was made as of January 1 each year. Had the valuations been performed as of December 31, there would be no material differences.

**6. TAX STATUS**

The Internal Revenue Service (IRS) previously determined and informed the Company by a letter dated September 28, 2020, that the Plan is designed in accordance with applicable sections of the IRC. In connection with the termination of the Plan during 2024, the Company submitted a request for and received a determination letter from the IRS dated July 21, 2025, whereby it was determined that the termination of the Plan does not affect its qualification for federal tax purposes. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

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

**7. PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by Massachusetts Mutual Life Insurance Company, insurance company; therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Certain administrative expenses were paid by the Plan or the Company. Employees of the Company provide administrative services to the Plan for which no fees are charged.

**8. RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**9. SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through October 14, 2025, which was the date that the financial statements were available for issuance and noted the following subsequent events:

**THE CHART PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**9. SUBSEQUENT EVENTS (Continued)**

During 2025, the Plan purchased a group annuity contract with American National, which transferred the benefit obligations for all participants subject to the annuity buyout provisions included in the Plan's termination amendment (Transferred Participants). Transferred Participants are irrevocably assumed and guaranteed by American National as of the liability assumption date of February 27, 2025. The Plan paid approximately \$35,000,000 to American National during 2025 in connection with the group annuity contracts, which are pending state approvals. There will be no changes to pension benefits for the Transferred Participants.

As of September 15, 2025, the Plan was fully liquidated, and all assets were distributed in accordance with the Plan's provisions.

## **SUPPLEMENTAL SCHEDULES**

**THE CHART PENSION PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 34-1712937      PLAN: #005

December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
<b>Pooled Separate Accounts</b>				
*	Massachusetts Mutual Life Insurance Company	Dodge & Cox Income - I	\$ 3,320,797	\$ 5,184,753
*	Massachusetts Mutual Life Insurance Company	JP Morgan US Government Mmkt Instl	6,505,128	6,682,001
*	Massachusetts Mutual Life Insurance Company	MFS Government Securities R3	2,545,225	2,574,095
*	Massachusetts Mutual Life Insurance Company	PIMCO Long Duration Total Return Instl	2,801,534	3,040,572
*	Massachusetts Mutual Life Insurance Company	PIMCO Long-Term Credit Bond Instl	6,103,293	6,678,315
*	Massachusetts Mutual Life Insurance Company	PIMCO Long-Term US Government Instl	3,353,015	3,489,864
*	Massachusetts Mutual Life Insurance Company	Sterling Capital Total Return Bond A	3,071,374	5,183,483
*	Massachusetts Mutual Life Insurance Company	Vanguard Long-Term Investment - Grade Adm	3,273,108	3,547,311
*	Massachusetts Mutual Life Insurance Company	Vanguard Total Bond Market Index Adm	3,053,920	3,106,766
	Total Pooled Separate Accounts		<u>34,027,394</u>	<u>39,487,160</u>
<b>Mutual Fund</b>				
	JP Morgan	JP Morgan Government Bond R6	<u>3,628,567</u>	<u>3,623,875</u>
<b>Guaranteed Interest Account</b>				
*	Massachusetts Mutual Life Insurance Company	Guaranteed Interest Account - Interest Rate of 2.25%	<u>36,362</u>	<u>36,362</u>
<b>TOTAL INVESTMENTS</b>			<u>\$ 37,692,323</u>	<u>\$ 43,147,397</u>

\* Denotes a party-in-interest to the Plan.

**THE CHART PENSION PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS  
FORM 5500, SCHEDULE H, ITEM 4j

EIN: 34-1712937      PLAN: #005

For the Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(f) Net Gain or (Loss)
<b><u>Category (i) - Individual transaction in excess of 5% of plan assets</u></b>						
Massachusetts Mutual Life Insurance Company	JP Morgan US Government Mmkt Instl	\$ -	\$ 6,756,456	\$ 6,600,659	\$ 6,756,456	\$ 155,797
<b><u>Category (iii) - Series of transactions in excess of 5% of plan assets</u></b>						
Massachusetts Mutual Life Insurance Company	Principal Real Estate Securities Inst (7 sales)	\$ -	\$ 3,327,198	\$ 2,992,577	\$ 3,327,198	\$ 334,621
Massachusetts Mutual Life Insurance Company	American Funds American Mutual R5 (7 sales)	-	5,211,729	689,753	5,211,729	4,521,976
Massachusetts Mutual Life Insurance Company	JP Morgan US Equity Fund R5 (7 sales)	-	3,142,215	101,891	3,142,215	3,040,324
Massachusetts Mutual Life Insurance Company	JP Morgan Government Bond R6 (19 purchases)	3,628,567	-	3,628,567	3,628,567	-
Massachusetts Mutual Life Insurance Company	PIMCO Long Duration Total Return Instl (7 sales)	-	5,646,600	5,179,649	5,646,600	466,951
Massachusetts Mutual Life Insurance Company	Vanguard Total Bond Market Index Adm (12 purchases)	3,053,920	-	3,053,920	3,053,920	-
Massachusetts Mutual Life Insurance Company	JP Morgan US Government Mmkt Instl (12 purchases)	14,760,905	-	14,760,905	14,760,905	-
Massachusetts Mutual Life Insurance Company	JP Morgan US Government Mmkt Instl (40 sales)	-	8,453,372	8,255,777	8,453,372	197,595
Massachusetts Mutual Life Insurance Company	PIMCO Long-Term US Government Instl (7 sales)	-	4,389,566	4,130,734	4,389,566	258,832
Empower Annuity Insurance Company of America	Guaranteed Interest Account (36 sales)	-	3,456,765	3,456,765	3,456,765	-

## 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 effective July 31, 2024.

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 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 15<sup>th</sup> 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 equals to 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 equals to 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, who 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 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
<b>Total Plan Weighted Average</b>			<b>63.20</b>

## 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 accounted for and funded. 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
Effective Interest Rate	5.13%	5.13%	5.13%

**ERISA minimum funding, maximum deductible contribution, and PBGC premium:** The PPA yield curve for the January containing the valuation date (based on rates for the preceding December), as permitted under IRC Section 430(h)(2)(D)(ii) in place of the 24-month average segment rates (adopted January 1, 2023).

**Expected investment return:** 5.10% per year for the 2024 plan year (5.81% per year for the 2023 plan year, 5.34% per year for the 2022 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 10-year period from Milliman's investment return model, which uses Milliman's capital market outlook and the Plan's target asset allocation as of the valuation date.

### 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 (\$138,626 for the 2024 plan year and \$99,593 for the 2023 plan year).

## DEMOGRAPHIC ASSUMPTIONS

Unless prescribed by statute, the following demographic assumptions are based on the actuary's judgment and 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.

### 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).

Although the top-heavy test has not been performed, frozen plans are not subject to the additional benefit requirements per IRC Section 416 for qualified plans considered top-heavy, so these provisions are not reflected.

### 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 generational tables for 2024, with separate rates for annuitants and non-annuitants, based on the PRI-2012 Mortality Tables, with generational mortality improvement based on the 2024 Adjusted MP-2021 projection scale, is used for all lives.

## 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 age 65 or at the age in which their service plus age equals 98, if earlier, but not earlier than age 55.

Current and future terminated vested participants, and their survivors upon death prior to retirement, are assumed to retire at age 65 for the participant or current age, if greater.

Future surviving spouses of active SRP and RIP participants are expected to retire as of the participant's earliest retirement age. Future surviving spouses of active HEP participants are expected to retire at the age of 45 for the participant or their date of death, if earlier.

## 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

## 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.

# 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, 2024, is shown below.

Age	Years of Credited Service										Total
	0-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
<b>0-24</b>											0
<b>25-29</b>											0
<b>30-34</b>											0
<b>35-39</b>	1										1
<b>40-44</b>	3	2									5
<b>45-49</b>	1	10	3	2							16
<b>50-54</b>	1	12	3	4							20
<b>55-59</b>	1	8	11	3	14	2					39
<b>60-64</b>	2	11	11	7	3	4	8				46
<b>65-69</b>		3	1	3	3	1	5				16
<b>70+</b>		1									1
<b>Total</b>	9	47	29	19	20	7	13	0	0	0	144

**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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

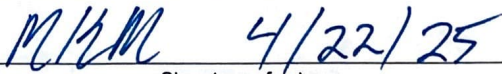
▶ **Round off amounts to nearest dollar.**

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

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

Part I Basic Information			
<b>1</b>	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	54,030,013
	<b>b</b> Actuarial value .....	<b>2b</b>	54,630,360
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	563	32,677,558
	<b>b</b> For terminated vested participants.....	260	9,459,592
	<b>c</b> For active participants .....	144	5,565,423
	<b>d</b> Total.....	967	47,702,573
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.13 %
<b>6</b>	Target normal cost.....		
	<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	138,626
	<b>c</b> Target normal cost .....	<b>6c</b>	138,626

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

<b>SIGN HERE</b>	 Signature of actuary	04/22/2025 Date
	Mary Kathryn McCorison Type or print name of actuary	23-08344 Most recent enrollment number
	Milliman, Inc. Firm name	(470) 303-0297 Telephone number (including area code)
	3424 Peachtree Rd NE Suite 1900 Atlanta GA 30326 Address of the firm	



**Chart Industries, Inc.**  
2200 Airport Industrial Drive  
Suite 00  
Ball Ground, GA 30107  
Telephone 770-721-8800  
[www.chartindustries.com](http://www.chartindustries.com)

October 12, 2025

**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 2024 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**

Another business line at BDO pursued (and won) an opportunity at Chart that posed a threat to our auditor independence. The company appointed BDO for this other service.

A handwritten signature in cursive script that reads "Jamie D. Malecha".

\_\_\_\_\_  
Plan Administrator Signature

10/12/2025\_\_\_\_\_  
Date

\_\_\_\_\_  
Jamie Malecha  
Plan Administrator (Print)

**THE CHART PENSION PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS  
FORM 5500, SCHEDULE H, ITEM 4j

EIN: 34-1712937      PLAN: #005

For the Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(f) Net Gain or (Loss)
<b><u>Category (i) - Individual transaction in excess of 5% of plan assets</u></b>						
Massachusetts Mutual Life Insurance Company	JP Morgan US Government Mmkt Instl	\$ -	\$ 6,756,456	\$ 6,600,659	\$ 6,756,456	\$ 155,797
<b><u>Category (iii) - Series of transactions in excess of 5% of plan assets</u></b>						
Massachusetts Mutual Life Insurance Company	Principal Real Estate Securities Inst (7 sales)	\$ -	\$ 3,327,198	\$ 2,992,577	\$ 3,327,198	\$ 334,621
Massachusetts Mutual Life Insurance Company	American Funds American Mutual R5 (7 sales)	-	5,211,729	689,753	5,211,729	4,521,976
Massachusetts Mutual Life Insurance Company	JP Morgan US Equity Fund R5 (7 sales)	-	3,142,215	101,891	3,142,215	3,040,324
Massachusetts Mutual Life Insurance Company	JP Morgan Government Bond R6 (19 purchases)	3,628,567	-	3,628,567	3,628,567	-
Massachusetts Mutual Life Insurance Company	PIMCO Long Duration Total Return Instl (7 sales)	-	5,646,600	5,179,649	5,646,600	466,951
Massachusetts Mutual Life Insurance Company	Vanguard Total Bond Market Index Adm (12 purchases)	3,053,920	-	3,053,920	3,053,920	-
Massachusetts Mutual Life Insurance Company	JP Morgan US Government Mmkt Instl (12 purchases)	14,760,905	-	14,760,905	14,760,905	-
Massachusetts Mutual Life Insurance Company	JP Morgan US Government Mmkt Instl (40 sales)	-	8,453,372	8,255,777	8,453,372	197,595
Massachusetts Mutual Life Insurance Company	PIMCO Long-Term US Government Instl (7 sales)	-	4,389,566	4,130,734	4,389,566	258,832
Empower Annuity Insurance Company of America	Guaranteed Interest Account (36 sales)	-	3,456,765	3,456,765	3,456,765	-

**THE CHART PENSION PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 34-1712937      PLAN: #005

December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
<b>Pooled Separate Accounts</b>				
*	Massachusetts Mutual Life Insurance Company	Dodge & Cox Income - I	\$ 3,320,797	\$ 5,184,753
*	Massachusetts Mutual Life Insurance Company	JP Morgan US Government Mmkt Instl	6,505,128	6,682,001
*	Massachusetts Mutual Life Insurance Company	MFS Government Securities R3	2,545,225	2,574,095
*	Massachusetts Mutual Life Insurance Company	PIMCO Long Duration Total Return Instl	2,801,534	3,040,572
*	Massachusetts Mutual Life Insurance Company	PIMCO Long-Term Credit Bond Instl	6,103,293	6,678,315
*	Massachusetts Mutual Life Insurance Company	PIMCO Long-Term US Government Instl	3,353,015	3,489,864
*	Massachusetts Mutual Life Insurance Company	Sterling Capital Total Return Bond A	3,071,374	5,183,483
*	Massachusetts Mutual Life Insurance Company	Vanguard Long-Term Investment - Grade Adm	3,273,108	3,547,311
*	Massachusetts Mutual Life Insurance Company	Vanguard Total Bond Market Index Adm	3,053,920	3,106,766
	Total Pooled Separate Accounts		<u>34,027,394</u>	<u>39,487,160</u>
<b>Mutual Fund</b>				
	JP Morgan	JP Morgan Government Bond R6	<u>3,628,567</u>	<u>3,623,875</u>
<b>Guaranteed Interest Account</b>				
*	Massachusetts Mutual Life Insurance Company	Guaranteed Interest Account - Interest Rate of 2.25%	<u>36,362</u>	<u>36,362</u>
<b>TOTAL INVESTMENTS</b>			<u>\$ 37,692,323</u>	<u>\$ 43,147,397</u>

\* Denotes a party-in-interest to the Plan.