

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2021</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>INGEVITY CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>05/16/2016</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INGEVITY CORPORATION</u> <u>5255 VIRGINIA AVENUE</u> <u>NORTH CHARLESTON, SC 29406</u>
2b	Employer Identification Number (EIN) <u>47-4027764</u>
2c	Plan Sponsor's telephone number <u>800-458-4034</u>
2d	Business code (see instructions) <u>325100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	LAUREL MCKELLIPS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		<div style="display: flex; justify-content: space-between;"> 5 394 </div>
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		<div style="display: flex; justify-content: space-between;"> 6a(1) 331 </div>
a(2) Total number of active participants at the end of the plan year		<div style="display: flex; justify-content: space-between;"> 6a(2) 342 </div>
b Retired or separated participants receiving benefits.....		<div style="display: flex; justify-content: space-between;"> 6b 33 </div>
c Other retired or separated participants entitled to future benefits		<div style="display: flex; justify-content: space-between;"> 6c 37 </div>
d Subtotal. Add lines 6a(2) , 6b , and 6c		<div style="display: flex; justify-content: space-between;"> 6d 412 </div>
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		<div style="display: flex; justify-content: space-between;"> 6e 5 </div>
f Total. Add lines 6d and 6e		<div style="display: flex; justify-content: space-between;"> 6f 417 </div>
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		<div style="display: flex; justify-content: space-between;"> 6g </div>
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<div style="display: flex; justify-content: space-between;"> 6h 8 </div>
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<div style="display: flex; justify-content: space-between;"> 7 </div>
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: <div style="margin-left: 20px;">1B</div>		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) <div style="margin-left: 20px;"> (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor </div>	9b Plan benefit arrangement (check all that apply) <div style="margin-left: 20px;"> (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor </div>	
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 <div style="margin-left: 20px;"> (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 </div>		b General Schedules <div style="margin-left: 20px;"> (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules) </div>

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

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

A Name of plan <u>INGEVITY CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INGEVITY CORPORATION</u>	D Employer Identification Number (EIN) <u>47-4027764</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>			
2 Assets:			
a Market value		2a	<u>31192244</u>
b Actuarial value		2b	<u>28073020</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>30</u>	<u>6972627</u>	<u>6972627</u>
b For terminated vested participants.....	<u>33</u>	<u>1020958</u>	<u>1020958</u>
c For active participants	<u>331</u>	<u>13862660</u>	<u>15474503</u>
d Total.....	<u>394</u>	<u>21856245</u>	<u>23468088</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate	5		<u>5.73</u> %
6 Target normal cost.....			
a Present value of current plan year accruals.....		6a	<u>770607</u>
b Expected plan-related expenses		6b	<u>115339</u>
c Total (line 6a + line 6b)		6c	<u>885946</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/05/2022</u> Date
Signature of actuary	<u>20-07411</u> Most recent enrollment number
<u>DEBBIE P. SICHKO, E.A., F.S.A.</u> Type or print name of actuary	<u>216-343-0225</u> Telephone number (including area code)
<u>USI CONSULTING GROUP</u> Firm name	
<u>1660 WEST 2ND STREET</u> <u>SUITE 900</u> <u>CLEVELAND, OH 44113</u> Address of the firm	

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1289687
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	1289687
10 Interest on line 9 using prior year's actual return of <u>18.90</u> %	0	243751
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.56</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1533438

Part III Funding Percentages

14 Funding target attainment percentage	14	113.08 %
15 Adjusted funding target attainment percentage	15	119.62 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.22 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 885946**b** Excess assets, if applicable, but not greater than line 31a **31b** 885946**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance Installment 0 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

Carryover balance Prefunding balance Total balance

35 Balances elected for use to offset funding requirement 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan INGEVITY CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 INGEVITY CORPORATION	D Employer Identification Number (EIN) 47-4027764	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

ROCATON INVESTMENT ADVISORS LLC

04-3638035

(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 28 50	NONE	122222	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USI CONSULTING GROUP

06-1053228

(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 17 50	NONE	77481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIXON HUGHES GOODMAN, LLP

56-0747981

(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	NONE	15800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WELLS FARGO

41-0449260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 50 51 59 63 64	TRUSTEE	13361	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PRUDENTIAL TRUST COMPANY

23-6994310

(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?
28 50 51	NONE	8285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	DIXON HUGHES GOODMAN, LLP	b EIN:	56-0747981
c Position:	ACCOUNTANT		
d Address:	525 EAST BAY STREET SUITE 100 CHARLESTON, SC 29403	e Telephone:	843-727-3246

Explanation: FIRM MERGER RESULTING IN FORVIS, LLP BEING SUCCESSOR TO DHG LLP

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>INGEVITY CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INGEVITY CORPORATION</u>	D Employer Identification Number (EIN) <u>47-4027764</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>20 YR US TREAS. STRPS INDX NL(CMCA)</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-169</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9498848</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LONG DURATION CORPORATE BOND FD</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>23-6994310-159</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3144961</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WESTERN ASSET LONG DURATION CR. CL</u>		
b Name of sponsor of entity listed in (a): <u>HAND BENEFITS & TRUST COMPANY</u>		
c EIN-PN <u>74-2008758-155</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3140385</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI ACWI IMI INDEX NL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>90-0337987-161</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4544401</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; display: inline-block;">2021</div> This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>INGEVITY CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INGEVITY CORPORATION</u>	D Employer Identification Number (EIN) <u>47-4027764</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	138243	194090
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	21370755	20328595
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8083583	9218718
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1599661	2114318

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	31192242 31855721
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	31192242 31855721

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	21
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	21
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	138253
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	138253
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	7586791
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7566891
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	19900
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	44318
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	44318

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		232174
(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)		1092768
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1527434
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	583708	
(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)		583708
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	106642	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	139721	
(4) Other.....	2i(4)	33884	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		280247
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		863955
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		663479
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: FORVIS, LLP

(2) EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?			
4e		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>425434</u> .			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan INGEVITY CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 INGEVITY CORPORATION	D Employer Identification Number (EIN) 47-4027764

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	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): 56-1354495		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Ingevity Corporation Retirement Plan for Bargained Hourly Employees



Financial Statements and Supplementary Information

**December 31, 2021 and 2020 and
Year Ended December 31, 2021**

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Independent Auditor's Report

Administration Committee
Ingevity Corporation Retirement Plan for Bargained Hourly Employees
North Charleston, South Carolina

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Ingevity Corporation Retirement Plan for Bargained Hourly Employees, 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, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2021 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 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 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 2021 Financial Statements section of our report. We are required to be independent of Ingevity Corporation Retirement Plan for Bargained Hourly Employees 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.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

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

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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 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 Ingevity Corporation Retirement Plan for Bargained Hourly Employees' internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Ingevity Corporation Retirement Plan for Bargained Hourly Employees' ability to continue as a going concern for a reasonable period of time.

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

2021 Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but is 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 schedule, 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Ingevity Corporation Retirement Plan for Bargained Hourly Employees. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 11, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations under ERISA.

FORVIS, LLP

**Charleston, SC
October 10, 2022**

Ingevity Corporation Retirement Plan for Bargained Hourly Employees
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments at fair value	<u>\$ 31,855,721</u>	<u>\$ 31,192,242</u>
Net assets available for benefits	<u><u>\$ 31,855,721</u></u>	<u><u>\$ 31,192,242</u></u>

Ingevity Corporation Retirement Plan for Bargained Hourly Employees
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 1,389,160
Interest and dividends	<u>138,274</u>

Total additions	<u>1,527,434</u>
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Deductions from net assets attributed to:

Benefits paid to participants	583,708
Administrative expenses	<u>280,247</u>

Total deductions	<u>863,955</u>
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Net change	663,479
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Net assets available for benefits:

Beginning of period	<u>31,192,242</u>
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End of period	<u><u>\$ 31,855,721</u></u>
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Notes to Financial Statements

1. Description of Plan

The following description of the Ingevity Corporation Retirement Plan for Bargained Hourly Employees, (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 covering eligible union employees of Ingevity Corporation (the "Company"). The Company's Administration Committee controls and manages the operation and administration of the Plan. Wells Fargo Bank, N.A. serves as the trustee of the Plan ("Trustee"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Pension benefits

Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement. If employees terminate before rendering five years of continuous service, they forfeit the right to receive pension benefits upon retirement. Pension benefits are provided to participants under several types of retirement options based upon years of continuous service and age, as defined by the Plan. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities.

Death and disability benefits

In the event of a vested employee's death, his or her designated beneficiary will be entitled to receive a survivor benefit equal to the specified percentage of the participant's accrued benefit according to the Plan provisions. The survivor benefit commences on the earliest date that the deceased participant could have elected to receive retirement benefits. In the event of a vested employee becoming totally and permanently disabled, he or she will be entitled to receive a monthly disability retirement pension distribution without actuarial reduction on account of retirement prior to his or her normal retirement date.

2. Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates and assumptions.

Investment valuation and income recognition

Investments are reported 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.

Ingevity Corporation Retirement Plan for Bargained Hourly Employees

Notes to Financial Statements

Plan management determine the Plan's valuation policies utilizing information provided by the trustee. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. 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 upon distribution.

Administrative expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan.

Subsequent Events

The Plan has evaluated subsequent events through October 10, 2022, the date the financial statements were available to be issued.

3. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make contributions to the Plan in an amount that will meet or exceed the annual ERISA minimum funding requirements, as determined by the Plan's independent actuary. There were no required minimum funding requirements and the Company did not make voluntary contributions for the year ended December 31, 2021.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, which are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on employees' benefit rate based on union affiliation as well as years of service at benefit. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Ingevity Corporation Retirement Plan for Bargained Hourly Employees
Notes to Financial Statements

The significant actuarial assumptions used in the valuations as of December 31, 2021 and 2020 were:

	<u>2021</u>	<u>2020</u>
Funding method	Unit credit	Unit credit
Discount rate	5.5%	4.5%
Assumed return on plan assets	5.5%	4.5%
Mortality rate	Pri-2012 Blue Collar Mortality Tables Projected with Scale MP-2021	Pri-2012 Blue Collar Mortality Tables Projected with Scale MP-2020 with separate rates for employees, retirees, contingent survivors, and disabled participants
Retirement age	Weighted average retirement age is 62	Weighted average retirement age is 62

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2021 and 2020 was as follows:

	<u>2021</u>	<u>2020</u>
Vested benefits:		
Participants currently receiving benefits	\$ 7,759,737	\$ 7,495,028
Other participants	<u>15,780,186</u>	<u>18,277,886</u>
Total vested benefits	23,539,923	25,772,914
Non-vested benefits	<u>1,504,536</u>	<u>1,797,240</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 25,044,459</u>	<u>\$ 27,570,154</u>

The actuarial present value of accumulated plan benefits increased as follows:

Actuarial present value of accumulated plan benefits, as of December 31, 2020	\$ 27,570,154
Increase (decrease) attributable to:	
Benefits accumulated	696,474
Increase for interest due to decrease in discount period	1,227,668
Plan amendment	165,237
Benefits paid	(583,708)
Change in actuarial assumptions	<u>(4,031,366)</u>
Actuarial present value of accumulated plan benefits, as of December 31, 2021	<u>\$ 25,044,459</u>

5. Fair Value Measurements

Fair value as defined under GAAP is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

Level 1: Observable inputs such as quoted prices in active markets.

Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.

Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

Common collective trust funds

These funds are valued at the net asset value ("NAV") of units of the collective fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require daily notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

Investment in Limited Partnerships

The Plan invests in limited partnerships for which quoted prices are not available in active markets for identical instruments. The Plan utilizes NAV, as determined by the general partners, as the estimated fair value. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices in securities with similar characteristics.

Ingevity Corporation Retirement Plan for Bargained Hourly Employees
Notes to Financial Statements

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis:

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 9,218,718	\$ -	\$ -	\$ 9,218,718
Interest bearing cash	194,090	-	-	194,090
Total assets in the fair value hierarchy	<u>\$ 9,412,808</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 9,412,808</u>
Investments measured at NAV (a)				<u>22,442,913</u>
Investments at fair value				<u>\$ 31,855,721</u>

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 8,083,583	\$ -	\$ -	\$ 8,083,583
Interest bearing cash	138,243	-	-	138,243
Total assets in the fair value hierarchy	<u>\$ 3,089,938</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,221,826</u>
Investments measured at NAV (a)				<u>22,970,416</u>
Investments at fair value				<u>\$ 31,192,242</u>

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

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

	Fair Value at December 31, 2021	Fair Value at December 31, 2020	Unfunded Commitments	Other Redemption Restrictions	Redemption Notice Period
Common collective trusts	\$ 20,328,595	\$ 21,370,755	None	Monthly	Up to 1 Month
Limited partnership	\$ 2,114,318	\$ 1,599,661	None	(b)	(b)

(b) The Cohen & Steers Preferred Securities Fund ("CSPSF") invests in issues of preferred and debt securities, which may be either exchange-traded or over-the-counter, that are believed to be undervalued relative to credit quality and other investment characteristics as determined by the fund manager. Normally, the CSPSF Series invest in a portfolio of preferred and debt securities issued by United States (U.S.) and non-U.S. companies, including traditional preferred securities. The Company held \$0 and \$1,599,661 in CSPFS as of December 31 2021 and 2020, respectively. The fund has a 15-day redemption restriction with possible holdbacks, including General Partner approval.

Ingevity Corporation Retirement Plan for Bargained Hourly Employees
Notes to Financial Statements

The Marathon Emerging Markets Bond Fund ("MEMBF") is an open-end fund that invests in sovereign debt, quasi sovereign debt and corporate debt of entities domiciled in emerging markets. The Company held \$1,191,927 and \$0 in MEMBF as of December 31, 2021 and 2020, respectively. The fund has monthly liquidity and requires a 5-day redemption restriction period.

The Pacific Asset Management Bank Loan Fund ("PAMBLF") invests in a selectively constructed portfolio of senior-secured loans. The PAMBLF focuses on floating rate bank loans. The Company held \$922,391 and \$0 in PAMBLF as of December 31, 2021 and 2020, respectively. The fund has monthly liquidity and requires a 10-day redemption restriction period.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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.

6. Unaudited Information Certified by Trustee

The accompanying financial statements include the following unaudited information as December 31, 2021 and 2020 and for the year ended December 31, 2021 that was obtained from data prepared and certified to be complete and accurate by the Plan's trustee:

	<u>2021</u>	<u>2020</u>
Investments	<u>\$ 31,855,721</u>	<u>\$ 31,192,242</u>
Net appreciation in fair value of investments	<u>\$ 1,389,160</u>	
Interest and dividends	<u>\$ 138,274</u>	

7. Tax Status

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter dated October 10, 2017, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (the "IRC"). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Risks and Uncertainties

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

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

9. Plan Termination

In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

10. Plan Amendments

On March 1, 2021, the Plan was closed to all new and rehired employees of Crossett Plant represented by the International Association of Machinists 1362. Accordingly, employees hired by this location after April 15, 2021, are not eligible to participate in the Plan and former employees who participated in the Plan who are rehired on or after April 15, 2021 are eligible to accrue vesting service benefits pursuant to the provisions of the Plan. In addition, the Plan was closed to all new and rehired employees of Covington Carbon Plant represented by the International Brotherhood of Electrical Workers Local Union 464. Accordingly, employees hired by this location after May 1, 2021, are not eligible to participate in the Plan and former employees who participated in the Plan who are rehired on or after May 1, 2021 are eligible to accrue vesting service benefits pursuant to the provisions of the Plan.

On July 1, 2021, eligible participants represented by the International Association of Machinists 1362 are able to freeze their accrued benefits as of August 31, 2021 during a limited election window. The election window period begins on July 19, 2021 and ends on August 18, 2021. If elected, the participant becomes eligible to receive certain additional contributions under the Ingevity Corporation Retirement Savings Plan.

Supplementary Information

Ingevity Corporation Retirement Plan for Bargained Hourly Employees
Schedule of Assets (Held at End of Year)
Schedule H, Line 4i
EIN: 47-4027764 Plan: 002
December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds:			
	Dodge & Cox	Global Stock Fund	\$ 3,586,603	\$ 4,133,127
	BNY Mellon	Global Stock Fund	3,490,300	4,158,781
	PGIM	High Yield Fund	938,522	926,810
	Common Collective Trusts:			
	Hand	Composite Employee Benefit TR West Asset Long Duration	2,327,000	3,140,385
	Prudential Trust Company	U/S/ Long Duration Corporate Bond	2,722,089	3,144,961
	SSGA	MSCI ACWI IMI Index	3,492,208	4,544,401
	State Street	20+ Year U.S. Treasury Strips Index Non-Lending Fund	7,599,954	9,498,848
	Alternative Funds:			
	Marathon	Emerging Markets Bond Fund	1,170,000	1,191,927
	Pacific Asset Management	Bank Loan Fund	900,000	922,391
	Interest Bearing Cash	Institutional bank deposit account	194,090	194,090
			<u>\$ 26,420,766</u>	<u>\$ 31,855,721</u>

**REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021**
**INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300**

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		31,192,244.15			
	COMPARATIVE VALUE (5%)		1,559,612.21			
	-----		-----			
ISSUE: HF0018597 - COHEN & STEERS PREF SECS FUND						
04/30/21 S	1,330,000	1.218	0	1,619,562 *	1,330,000	289,562
ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND						
04/30/21 B	1,619,562	1.000	0	1,619,562-*	1,619,562	
ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND						
05/17/21 S	1,619,562	1.000	0	1,619,562 *	1,619,562	0
ISSUE: 992995936 - WFB COLLATERALIZED INST BANK DEP A/C						
05/17/21 B	1,619,562	1.000	0	1,619,562-*	1,619,562	
ISSUE: 992995936 - WFB COLLATERALIZED INST BANK DEP A/C						
05/20/21 S	1,600,000	1.000	0	1,600,000 *	1,600,000	0
GRAND TOTAL			0	8,078,248	7,788,686	289,562

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

**REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021**
**INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300**

SERIES / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		31,192,244.15			
	COMPARATIVE VALUE (5%)		1,559,612.21			
	-----		-----			
BROKER: MISCELLANEOUS						
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING						
01/31/21 S	5,171	38.674	0	200,000	164,158	35,842
ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.						
01/31/21 S	789	2.640	0	2,084	1,756	327
ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND						
01/31/21 S	31	18.429	0	572	503	69
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.						
01/31/21 B	20,416	22.042	450,000	450,000-	450,000	
ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND						
01/31/21 B	200,000	1.000	200,000	200,000-	200,000	
ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND						
02/01/21 S	200,000	1.000	0	200,000	200,000	0
ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND						
02/02/21 S	31	18.580	0	580	506	74
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING						
02/22/21 S	12	40.678	0	471	368	104
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.						
02/22/21 S	32	20.062	0	648	560	88
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.						
02/26/21 B	41,775	20.347	850,000	850,000-	850,000	
ISSUE: 315999029 - FIAM FOR GP TRUST FOR EBP						
02/26/21 S	36	69.091	0	2,484	2,172	311
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING						
02/28/21 S	6,045	39.700	0	240,000	191,897	48,103
ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND						
02/28/21 B	240,000	1.000	240,000	240,000-	240,000	
ISSUE: 315999029 - FIAM FOR GP TRUST FOR EBP						
03/01/21 S	22,162	69.380	0	1,537,576	1,339,178	198,398
ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND						
03/01/21 S	240,000	1.000	0	240,000	240,000	0
ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND						
03/02/21 S	28	18.658	0	527	458	69
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING						
03/31/21 S	1,227	40.762	0	50,000	38,937	11,063

**REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021**
**INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300**

SERIES / BY BROKER						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS

03/31/21 B	ISSUE: 781999438 - STATE STREET 20+ YEAR U.S. 11,601	18.965	220,000	220,000-	220,000	
03/31/21 B	ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND 50,000	1.000	50,000	50,000-	50,000	
04/05/21 S	ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND 31	18.680	0	585	507	77
04/05/21 S	ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND 50,000	1.000	0	50,000	50,000	0
04/30/21 S	ISSUE: HF0018597 - COHEN & STEERS PREF SECS FUND 1,330,000	1.218	0	1,619,562 *	1,330,000	289,562
04/30/21 S	ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S. 807	2.491	0	2,009	1,813	196
04/30/21 B	ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND 1,619,562	1.000	0	1,619,562-*	1,619,562	
05/04/21 S	ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND 30	18.738	0	567	490	77
05/17/21 S	ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND 16	18.791	0	303	262	42
05/17/21 S	ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND 81,916	18.791	0	1,539,259	1,327,586	211,674
05/17/21 S	ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND 1,619,562	1.000	0	1,619,562 *	1,619,562	0
05/20/21 B	ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING 16,462	42.522	700,000	700,000-	700,000	
05/28/21 B	ISSUE: HF0027572 - MARATHON EMERG MKTS BD FD II LP 1,470,000	1.000	1,470,000	1,470,000-	1,470,000	
06/30/21 S	ISSUE: HF0027572 - MARATHON EMERG MKTS BD FD II LP 300,000	1.000	0	300,000	300,000	0
07/01/21 B	ISSUE: HF0028588 - PACIFIC ASSET MGMT BK LN FD LP 900,000	1.000	900,000	900,000-	900,000	
07/27/21 S	ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING 5	43.780	0	231	178	53
07/27/21 S	ISSUE: 781999438 - STATE STREET 20+ YEAR U.S. 24	21.809	0	525	425	100
07/30/21 B	ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING 2,276	43.938	100,000	100,000-	100,000	
07/30/21 S	ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S. 765	2.649	0	2,026	1,738	288
07/30/21 S	ISSUE: 781999438 - STATE STREET 20+ YEAR U.S. 13,772	21.784	0	300,000	243,084	56,916
07/30/21 B	ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND 300,000	1.000	300,000	300,000-	300,000	
08/02/21 S	ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND 300,000	1.000	0	300,000	300,000	0

**REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021**
**INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300**

SERIES / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
09/08/21 S	ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING 6	45.116	0	254	192	62
09/08/21 S	ISSUE: 781999438 - STATE STREET 20+ YEAR U.S. 27	21.572	0	572	468	104
10/29/21 S	ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING 3,527	45.367	0	160,000	119,991	40,009
10/29/21 B	ISSUE: MS6912823 - CASH HELD AT SSGA 160,000	1.000	160,000	160,000-	160,000	
10/29/21 S	ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S. 814	2.660	0	2,167	1,869	298
11/01/21 S	ISSUE: MS6912823 - CASH HELD AT SSGA 160,000	1.000	0	160,000	160,000	0
11/01/21 B	ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S. 29,836	2.681	80,000	80,000-	80,000	
11/19/21 S	ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING 6	45.971	0	294	218	76
11/19/21 S	ISSUE: 781999438 - STATE STREET 20+ YEAR U.S. 27	21.909	0	602	485	117
12/01/21 B	ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING 9,539	44.030	420,000	420,000-	420,000	
12/01/21 S	ISSUE: 781999438 - STATE STREET 20+ YEAR U.S. 13,181	22.760	0	300,000	232,654	67,346
12/06/21 B	ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING 2,929	44.382	130,000	130,000-	130,000	
SUB-TOTAL			6,270,000	16,723,022	15,761,577	961,445
GRAND TOTAL			6,270,000	16,723,022	15,761,577	961,445

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021

INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
BEGINNING MARKET VALUE			31,192,244.15			
COMPARATIVE VALUE (5%)			1,559,612.21			

ISSUE: HF0018597 - COHEN & STEERS PREF SECS FUND						
04/30/21 S	1,330,000	1.218	0	1,619,562 *	1,330,000	289,562
SUB-TOTAL OF SALES # 1			0	1,619,562	1,330,000	289,562
SUB-TOTAL			0	1,619,562	1,330,000	289,562
ISSUE: HF0027572 - MARATHON EMERG MKTS BD FD II LP						
05/28/21 B	1,470,000	1.000	1,470,000	1,470,000-	1,470,000	
SUB-TOTAL OF BUYS # 1			1,470,000	1,470,000	1,470,000	
06/30/21 S	300,000	1.000	0	300,000	300,000	0
SUB-TOTAL OF SALES # 1			0	300,000	300,000	0
SUB-TOTAL			1,470,000	1,770,000	1,770,000	0
ISSUE: 05587K717 - BNY MELLON GLOBAL STOCK FUND						
12/01/21 R	12,417	27.240	0	338,236-	338,236	
SUB-TOTAL OF REINVS # 1			0	338,236	338,236	
05/19/21 B	31,423	27.050	0	850,000-	850,000	
SUB-TOTAL OF BUYS # 1			0	850,000	850,000	
01/29/21 S	3,959	25.260	0	100,000	87,960	12,040
02/26/21 S	7,849	25.480	0	200,000	174,401	25,599
03/31/21 S	1,917	26.080	0	50,000	42,597	7,403
09/30/21 S	3,539	28.260	0	100,000	82,392	17,608
12/30/21 S	3,550	28.170	0	100,000	83,807	16,193

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021**
**INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300**

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
SUB-TOTAL OF SALES # 5			0	550,000	471,157	78,844
SUB-TOTAL			0	1,738,236	1,659,393	78,844
ISSUE: 256206202 - DODGE & COX GLOBAL STOCK FUND#1049						
12/17/21 R	28,875	13.850	0	399,925-	399,925	
SUB-TOTAL OF REINVS # 1			0	399,925	399,925	
05/19/21 B	47,559	15.770	0	750,000-	750,000	
07/30/21 B	17,132	15.760	0	270,000-	270,000	
12/06/21 B	8,626	15.650	0	135,000-	135,000	
SUB-TOTAL OF BUYS # 3			0	1,155,000	1,155,000	
01/29/21 S	18,939	13.200	0	250,000	210,335	39,665
02/26/21 S	25,210	14.280	0	360,000	279,976	80,024
03/31/21 S	8,086	14.840	0	120,000	89,804	30,196
10/29/21 S	10,455	16.260	0	170,000	128,276	41,724
SUB-TOTAL OF SALES # 4			0	900,000	708,391	191,609
SUB-TOTAL			0	2,454,925	2,263,316	191,609
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING						
05/20/21 B	16,462	42.522	700,000	700,000-	700,000	
07/30/21 B	2,276	43.938	100,000	100,000-	100,000	
12/01/21 B	9,539	44.030	420,000	420,000-	420,000	
12/06/21 B	2,929	44.382	130,000	130,000-	130,000	
SUB-TOTAL OF BUYS # 4			1,350,000	1,350,000	1,350,000	
01/31/21 S	5,171	38.674	0	200,000	164,158	35,842
02/22/21 S	12	40.678	0	471	368	104
02/28/21 S	6,045	39.700	0	240,000	191,897	48,103
03/31/21 S	1,227	40.762	0	50,000	38,937	11,063
07/27/21 S	5	43.780	0	231	178	53
09/08/21 S	6	45.116	0	254	192	62
10/29/21 S	3,527	45.367	0	160,000	119,991	40,009

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021**
**INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300**

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/19/21 S	6	45.971	0	294	218	76
SUB-TOTAL OF SALES # 8			0	651,250	515,939	135,312
SUB-TOTAL			1,350,000	2,001,250	1,865,939	135,312
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.						
01/31/21 B	20,416	22.042	450,000	450,000-	450,000	
02/26/21 B	41,775	20.347	850,000	850,000-	850,000	
03/31/21 B	11,601	18.965	220,000	220,000-	220,000	
SUB-TOTAL OF BUYS # 3			1,520,000	1,520,000	1,520,000	
02/22/21 S	32	20.062	0	648	560	88
07/27/21 S	24	21.809	0	525	425	100
07/30/21 S	13,772	21.784	0	300,000	243,084	56,916
09/08/21 S	27	21.572	0	572	468	104
11/19/21 S	27	21.909	0	602	485	117
12/01/21 S	13,181	22.760	0	300,000	232,654	67,346
SUB-TOTAL OF SALES # 6			0	602,347	477,676	124,671
SUB-TOTAL			1,520,000	2,122,347	1,997,676	124,671
ISSUE: 922031760 - VANGUARD HIGH YIELD CORP-ADM #529						
01/31/21 R	962	5.960	0	5,732-	5,732	
02/28/21 R	944	5.940	0	5,607-	5,607	
03/31/21 R	884	5.910	0	5,227-	5,227	
SUB-TOTAL OF REINVS # 3			0	16,566	16,566	
02/26/21 S	16,835	5.940	0	100,000	93,436	6,564
04/30/21 S	245,894	5.960	0	1,465,531	1,365,429	100,101
SUB-TOTAL OF SALES # 2			0	1,565,531	1,458,865	106,665
SUB-TOTAL			0	1,582,097	1,475,431	106,665

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021**
**INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300**

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND						
01/31/21 B	200,000	1.000	200,000	200,000-	200,000	
02/28/21 B	240,000	1.000	240,000	240,000-	240,000	
03/31/21 B	50,000	1.000	50,000	50,000-	50,000	
04/30/21 B	1,619,562	1.000	0	1,619,562-*	1,619,562	
07/30/21 B	300,000	1.000	300,000	300,000-	300,000	
SUB-TOTAL OF BUYS # 5			790,000	2,409,562	2,409,562	
02/01/21 S	200,000	1.000	0	200,000	200,000	0
03/01/21 S	240,000	1.000	0	240,000	240,000	0
04/05/21 S	50,000	1.000	0	50,000	50,000	0
05/17/21 S	1,619,562	1.000	0	1,619,562 *	1,619,562	0
08/02/21 S	300,000	1.000	0	300,000	300,000	0
SUB-TOTAL OF SALES # 5			0	2,409,562	2,409,562	0
SUB-TOTAL			790,000	4,819,124	4,819,124	0
ISSUE: 992995936 - WFB COLLATERALIZED INST BANK DEP A/C						
02/01/21 B	54,884	1.000	0	54,884-	54,884	
03/01/21 B	4,885	1.000	0	4,885-	4,885	
03/02/21 B	67,576	1.000	0	67,576-	67,576	
04/05/21 B	50,000	1.000	0	50,000-	50,000	
04/26/21 B	1,313	1.000	0	1,313-	1,313	
05/03/21 B	1,421,397	1.000	0	1,421,397-	1,421,397	
05/17/21 B	1,619,562	1.000	0	1,619,562-*	1,619,562	
05/18/21 B	1,539,259	1.000	0	1,539,259-	1,539,259	
06/15/21 B	300,000	1.000	0	300,000-	300,000	
10/01/21 B	15,211	1.000	0	15,211-	15,211	
11/01/21 B	79,095	1.000	0	79,095-	79,095	
12/02/21 B	304,085	1.000	0	304,085-	304,085	
12/31/21 B	100,000	1.000	0	100,000-	100,000	
SUB-TOTAL OF BUYS # 13			0	5,557,267	5,557,267	
01/04/21 S	63,865	1.000	0	63,865	63,865	0
01/19/21 S	3,750	1.000	0	3,750	3,750	0
01/20/21 S	3,437	1.000	0	3,437	3,437	0
01/22/21 S	2,466	1.000	0	2,466	2,466	0
02/23/21 S	2,295	1.000	0	2,295	2,295	0

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021**
**INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300**

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/08/21 S	18,750	1.000	0	18,750	18,750	0
03/10/21 S	2,846	1.000	0	2,846	2,846	0
03/23/21 S	1,560	1.000	0	1,560	1,560	0
04/01/21 S	96,538	1.000	0	96,538	96,538	0
04/02/21 S	3,354	1.000	0	3,354	3,354	0
04/20/21 S	3,430	1.000	0	3,430	3,430	0
04/27/21 S	1,560	1.000	0	1,560	1,560	0
05/04/21 S	1,350,000	1.000	0	1,350,000	1,350,000	0
05/20/21 S	1,600,000	1.000	0	1,600,000 *	1,600,000	0
05/21/21 S	700,000	1.000	0	700,000	700,000	0
05/25/21 S	2,442	1.000	0	2,442	2,442	0
05/27/21 S	900,000	1.000	0	900,000	900,000	0
06/01/21 S	46,464	1.000	0	46,464	46,464	0
06/03/21 S	1,209	1.000	0	1,209	1,209	0
06/04/21 S	18,750	1.000	0	18,750	18,750	0
06/23/21 S	1,576	1.000	0	1,576	1,576	0
07/01/21 S	47,457	1.000	0	47,457	47,457	0
07/20/21 S	3,271	1.000	0	3,271	3,271	0
07/29/21 S	2,102	1.000	0	2,102	2,102	0
08/02/21 S	117,456	1.000	0	117,456	117,456	0
08/25/21 S	1,576	1.000	0	1,576	1,576	0
08/27/21 S	28,472	1.000	0	28,472	28,472	0
09/01/21 S	47,457	1.000	0	47,457	47,457	0
09/02/21 S	5,000	1.000	0	5,000	5,000	0
09/21/21 S	4,048	1.000	0	4,048	4,048	0
09/24/21 S	518	1.000	0	518	518	0
09/27/21 S	18,750	1.000	0	18,750	18,750	0
10/04/21 S	12,870	1.000	0	12,870	12,870	0
10/20/21 S	3,223	1.000	0	3,223	3,223	0
10/21/21 S	10,800	1.000	0	10,800	10,800	0
10/28/21 S	42,100	1.000	0	42,100	42,100	0
11/16/21 S	18,750	1.000	0	18,750	18,750	0
11/24/21 S	1,592	1.000	0	1,592	1,592	0
12/01/21 S	50,905	1.000	0	50,905	50,905	0
12/07/21 S	265,000	1.000	0	265,000	265,000	0
12/29/21 S	1,592	1.000	0	1,592	1,592	0
SUB-TOTAL OF SALES # 41			0	5,507,231	5,507,231	0
SUB-TOTAL			0	11,064,498	11,064,498	0
GRAND TOTAL			5,130,000	29,172,039	28,245,377	926,663

**REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021**

**INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300**

		SERIES / BY ISSUE				
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2021 Valuation
Ingevity Corporation Retirement Plan for Bargained Hourly Employees
(EIN: 47-4027764; PN: 002)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	3 (*)	10 (*)	-	-	-	-	-	-	-	-
25 to 29	4 (*)	26 (*)	11 (*)	-	-	-	-	-	-	-
30 to 34	1 (*)	22 (*)	17 (*)	4 (*)		-	-	-	-	-
35 to 39	2 (*)	9 (*)	12 (*)	8 (*)	1 (*)	-	-	-	-	-
40 to 44	-	9 (*)	8 (*)	8 (*)	5 (*)	-	-	-	-	-
45 to 49	-	9 (*)	11 (*)	10 (*)	10 (*)	3 (*)	2 (*)	-	-	-
50 to 54	-	5 (*)	8 (*)	8 (*)	7 (*)	15 (*)	9 (*)	3 (*)	-	-
55 to 59	-	-	4 (*)	2 (*)	5 (*)	8 (*)	10 (*)	5 (*)	1 (*)	-
60 to 64	1 (*)	2 (*)	4 (*)	5 (*)	2 (*)	6 (*)	4 (*)	3 (*)	1 (*)	5 (*)
65 to 69	-	-	-	-	1 (*)	-	1 (*)	-	-	1 (*)
70 & up	-	-	-	-	-	-	-	-	-	-

* Average frozen benefits are not shown since there are fewer than 1,000 active participants in this plan

Appendix B

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates	<p>24-month segment rates averaged through the end of August 2020 and published in September 2020 (as prescribed by IRC 430) and adjusted to reflect ARPA:</p> <ul style="list-style-type: none"> Segment 1 (0 – 5 years) 4.75% Segment 2 (5 to 20 years) 5.36% Segment 3 (more than 20 years) 6.11% Effective Interest Rate 5.73%
Maximum Deductible Annual Interest Rates	<p>24-month segment rates averaged through the end of August 2020 and published in September (as prescribed by IRC 430) as follows:</p> <ul style="list-style-type: none"> Segment 1 (0 – 5 years) 2.22% Segment 2 (5 to 20 years) 3.38% Segment 3 (more than 20 years) 3.92% Effective Interest Rate 3.69%
Annual Expected Return on Assets	<p>Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 4.50%</p> <p>Rationale: as selected by the Plan Sponsor</p>
PBGC Annual Interest Rates	<p>24-month segment rates averaged through the end of August 2020 and published in September 2020 using the Alternative Method (as prescribed by IRC 430) as follows:</p> <ul style="list-style-type: none"> Segment 1 (0 – 5 years) 2.22% Segment 2 (5 to 20 years) 3.38% Segment 3 (more than 20 years) 3.92% Effective Interest Rate 3.69%
Salary Scale	Not applicable
Mortality	<p>Funding: Mortality as provided in Notice 2019-67, male and female, with different rate for annuitants and nonannuitants (as prescribed by IRC 430).</p>

Appendix B (Continued)

Rates of Retirement

<u>Age</u>	<u>Rate</u>
55-60	6%
61	15
62	35
63-64	25
65	40
66-69	30
70+	100

Weighted Average Retirement Age is 62. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Turnover

<u>Service</u>	<u>Turnover</u>
0	.2500
3	.1300
6	.0700
9	.0400
12+	.0250

Rates of Disability

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	.00040	.00040
25	.00040	.00050
30	.00040	.00060
35	.00050	.00100
40	.00110	.00180
45	.00220	.00340
50	.00460	.00560
55	.00960	.00890
60	.01610	.01270
65	.00000	.00000

Assumptions Made In Valuing Spouse's Benefit

Eighty percent of employees included in the valuation are assumed to be married.
The wife is assumed to be three years younger than the husband.

Optional Form Selection

All employees are assumed to elect the life annuity form of benefit.

Annual Increases to Benefit Multiplier

The benefit multiplier in effect as of the valuation date is valued.

Standing Elections

The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.

Appendix B (Continued)

Asset Method	Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.
Funding Method	Unit Credit
Employees Valued	Only participants as of the valuation date were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	<p>The interest rates used for determining the funding target were 3.64%, 5.21% and 5.94%. These rates were updated to the rates required for the current plan year.</p> <p>The mortality table for the funding target was changed as required under PPA '06.</p>
Justification for Changes in Actuarial Assumptions	The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."



INGEVITY CORP RETIREMENT PLAN

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION



REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021
INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY BROKER			PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED				
BROKER: MISCELLANEOUS							
BEGINNING MARKET VALUE COMPARATIVE VALUE (5%)		31,192,244.15 1,559,612.21					
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING							
01/31/21 S	5,171	38.674	0	200,000	164,158	35,842	
ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.							
01/31/21 S	789	2.640	0	2,084	1,756	327	
ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND							
01/31/21 S	31	18.429	0	572	503	69	
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.							
01/31/21 B	20,416	22.042	450,000	450,000	450,000		
ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND							
01/31/21 B	200,000	1.000	200,000	200,000	200,000		
ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND							
02/01/21 S	200,000	1.000	0	200,000	200,000	0	
ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND							
02/02/21 S	31	18.580	0	580	506	74	
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING							
02/22/21 S	12	40.678	0	471	368	104	
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.							
02/22/21 S	32	20.062	0	648	560	88	
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.							
02/26/21 B	41,775	20.347	850,000	850,000	850,000		
ISSUE: 315999029 - FIAM FOR GP TRUST FOR EBP							
02/26/21 S	36	69.091	0	2,484	2,172	311	
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING							
02/28/21 S	6,045	39.700	0	240,000	191,897	48,103	
ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND							
02/28/21 B	240,000	1.000	240,000	240,000	240,000		
ISSUE: 315999029 - FIAM FOR GP TRUST FOR EBP							
03/01/21 S	22,162	69.380	0	1,537,576	1,339,178	198,398	
ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND							
03/01/21 S	240,000	1.000	0	240,000	240,000	0	
ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND							
03/02/21 S	28	18.658	0	527	458	69	
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING							
03/31/21 S	1,227	40.762	0	50,000	38,937	11,063	

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021
INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY BROKER			PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED				
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.							
03/31/21 B	11,601	18.965	220,000		220,000-	220,000	
ISSUE: 956990AG0 - CASH HELD AT OUTSIDE FUND							
03/31/21 B	50,000	1,000	50,000		50,000-	50,000	
ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND							
04/05/21 S	31	18.680	0		585	507	77
ISSUE: 956990AG0 - CASH HELD AT OUTSIDE FUND							
04/05/21 S	50,000	1,000	0		50,000	50,000	0
ISSUE: HF0018597 - COHEN & STEERS PREF SECS FUND							
04/30/21 S	1,330,000	1,218	0		1,619,562 *	1,330,000	289,562
ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.							
04/30/21 S	807	2,491	0		2,009	1,813	196
ISSUE: 956990AG0 - CASH HELD AT OUTSIDE FUND							
04/30/21 B	1,619,562	1,000	0		1,619,562 *	1,619,562	
ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND							
05/04/21 S	30	18.738	0		567	490	77
ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND							
05/17/21 S	16	18.791	0		303	262	42
ISSUE: 648991016 - VOYA SENIOR LOAN TRUST FUND							
05/17/21 S	81,916	18.791	0		1,539,259	1,327,586	211,674
ISSUE: 956990AG0 - CASH HELD AT OUTSIDE FUND							
05/17/21 S	1,619,562	1,000	0		1,619,562 *	1,619,562	0
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING							
05/20/21 B	16,462	42,522	700,000		700,000-	700,000	
ISSUE: HF0027572 - MARATHON EMERG MKTS BD FD I LP							
05/28/21 B	1,470,000	1,000	1,470,000		1,470,000-	1,470,000	
ISSUE: HF0027572 - MARATHON EMERG MKTS BD FD I LP							
06/30/21 S	300,000	1,000	0		300,000	300,000	0
ISSUE: HF0028588 - PACIFIC ASSET MGMT BK LN FD LP							
07/01/21 B	900,000	1,000	900,000		900,000-	900,000	
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING							
07/27/21 S	5	43,780	0		231	178	53
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.							
07/27/21 S	24	21,809	0		525	425	100
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING							
07/30/21 B	2,276	43,938	100,000		100,000-	100,000	
ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.							
07/30/21 S	765	2,649	0		2,026	1,738	288
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.							
07/30/21 S	13,772	21,784	0		300,000	243,084	56,916
ISSUE: 956990AG0 - CASH HELD AT OUTSIDE FUND							
07/30/21 B	300,000	1,000	300,000		300,000-	300,000	
ISSUE: 956990AG0 - CASH HELD AT OUTSIDE FUND							
08/02/21 S	300,000	1,000	0		300,000	300,000	0



REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021
INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300

DATE BOUGHT/SOLD	SERIES / BY BROKER					PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED					
ISSUE: 6579999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING								
09/08/21 S	6	45.116	0		254	192	62	
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.								
09/08/21 S	27	21.572	0		572	468	104	
ISSUE: 6579999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING								
10/29/21 S	3,527	45.367	0		160,000	119,991	40,009	
ISSUE: MS6912823 - CASH HELD AT SSGA								
10/29/21 B	160,000	1.000	160,000		160,000-	160,000		
ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.								
10/29/21 S	814	2.660	0		2,167	1,869	298	
ISSUE: MS6912823 - CASH HELD AT SSGA								
11/01/21 S	160,000	1.000	0		160,000	160,000	0	
ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.								
11/01/21 B	29,836	2.681	80,000		80,000-	80,000		
ISSUE: 6579999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING								
11/19/21 S	6	45.971	0		294	218	76	
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.								
11/19/21 S	27	21.909	0		602	485	117	
ISSUE: 6579999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING								
12/01/21 B	9,539	44.030	420,000		420,000-	420,000		
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.								
12/01/21 S	13,181	22.760	0		300,000	232,654	67,346	
ISSUE: 6579999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING								
12/06/21 B	2,929	44.382	130,000		130,000-	130,000		
SUB-TOTAL			6,270,000		16,723,022	15,761,577	961,445	
GRAND TOTAL			6,270,000		16,723,022	15,761,577	961,445	

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021
INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300

DATE BOUGHT/SOLD	SERIES / BY ISSUE					TRANSACTION COST	REALIZED GAIN/LOSS
	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH			
ISSUE: HF0018597 – COHEN & STEERS PREF SECS FUND							
04/30/21 S	1,330,000	1.218	0	1,619,562 *	1,330,000	289,562	
SUB-TOTAL OF SALES # 1			0	1,619,562	1,330,000	289,562	
SUB-TOTAL			0	1,619,562	1,330,000	289,562	
ISSUE: HF0027572 – MARATHON EMERG MKTS BD FD II LP							
05/28/21 B	1,470,000	1.000	1,470,000	1,470,000-	1,470,000		
SUB-TOTAL OF BUYS # 1			1,470,000	1,470,000	1,470,000		
06/30/21 S	300,000	1.000	0	300,000	300,000	0	
SUB-TOTAL OF SALES # 1			0	300,000	300,000	0	
SUB-TOTAL			1,470,000	1,770,000	1,770,000	0	
ISSUE: 05587K717 – BNY MELLON GLOBAL STOCK FUND							
12/01/21 R	12,417	27.240	0	338,236-	338,236		
SUB-TOTAL OF REINVS # 1			0	338,236	338,236		
05/19/21 B	31,423	27.050	0	850,000-	850,000		
SUB-TOTAL OF BUYS # 1			0	850,000	850,000		
01/29/21 S	3,959	25.260	0	100,000	87,960	12,040	
02/26/21 S	7,849	25.480	0	200,000	174,401	25,599	
03/31/21 S	1,917	26.080	0	50,000	42,597	7,403	
09/30/21 S	3,539	28.260	0	100,000	82,392	17,608	
12/30/21 S	3,550	28.170	0	100,000	83,807	16,193	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021
INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE				TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH			
ISSUE: 256206202 - DODGE & COX GLOBAL STOCK FUND#1049							
12/17/21 R	28,875	13.850	0	399,925-	399,925	471,157	78,844
SUB-TOTAL OF SALES # 5							
SUB-TOTAL				0	1,738,236	1,659,393	78,844
SUB-TOTAL OF REINVS # 1							
05/19/21 B	47,559	15.770	0	750,000-	750,000	399,925	39,665
07/30/21 B	17,132	15.760	0	270,000-	270,000		
12/06/21 B	8,626	15.650	0	135,000-	135,000		
SUB-TOTAL OF BUYS # 3				0	1,155,000	1,155,000	80,024
01/29/21 S	18,939	13.200	0	250,000	210,335	279,976	30,196
02/26/21 S	25,210	14.280	0	360,000	89,804	128,276	41,724
03/31/21 S	8,086	14.840	0	120,000	708,391	708,391	191,609
10/29/21 S	10,455	16.260	0	170,000			
SUB-TOTAL OF SALES # 4				0	900,000	2,263,316	191,609
SUB-TOTAL							
ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING							
05/20/21 B	16,462	42.522	700,000	700,000-	700,000	1,350,000	35,842
07/30/21 B	2,276	43.938	100,000	100,000-	100,000		
12/01/21 B	9,539	44.030	420,000	420,000-	420,000		
12/06/21 B	2,929	44.382	130,000	130,000-	130,000		
SUB-TOTAL OF BUYS # 4				1,350,000	1,350,000	164,158	104
01/31/21 S	5,171	38.674	0	200,000	191,897	38,937	48,103
02/22/21 S	12	40.678	0	471	50,000	178	11,063
02/28/21 S	6,045	39.700	0	240,000	231	192	53
03/31/21 S	1,227	40.762	0	50,000	254	119,991	62
07/27/21 S	5	43.780	0	231	160,000	40,009	40,009
09/08/21 S	6	45.116	0	254			
10/29/21 S	3,527	45.367	0	160,000			

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021
INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300

DATE BOUGHT/SOLD	SERIES / BY ISSUE					TRANSACTION COST	REALIZED GAIN/LOSS
	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH			
11/19/21 S	6	45.971	0	294	218	76	
SUB-TOTAL OF SALES # 8			0	651,250	515,939	135,312	
SUB-TOTAL			1,350,000	2,001,250	1,865,939	135,312	
ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.							
01/31/21 B	20,416	22.042	450,000	450,000-	450,000		
02/26/21 B	41,775	20.347	850,000	850,000-	850,000		
03/31/21 B	11,601	18.965	220,000	220,000-	220,000		
SUB-TOTAL OF BUYS # 3			1,520,000	1,520,000	1,520,000		
02/22/21 S	32	20.062	0	648	560	88	
07/27/21 S	24	21.809	0	525	425	100	
07/30/21 S	13,772	21.784	0	300,000	243,084	56,916	
09/08/21 S	27	21.572	0	572	468	104	
11/19/21 S	27	21.909	0	602	485	117	
12/01/21 S	13,181	22.760	0	300,000	232,654	67,346	
SUB-TOTAL OF SALES # 6			0	602,347	477,676	124,671	
SUB-TOTAL			1,520,000	2,122,347	1,997,676	124,671	
ISSUE: 922031760 - VANGUARD HIGH YIELD CORP-ADM #529							
01/31/21 R	962	5.960	0	5,732-	5,732		
02/28/21 R	944	5.940	0	5,607-	5,607		
03/31/21 R	884	5.910	0	5,227-	5,227		
SUB-TOTAL OF REINVS # 3			0	16,566	16,566		
02/26/21 S	16,835	5.940	0	100,000	93,436	6,564	
04/30/21 S	245,894	5.960	0	1,465,531	1,365,429	100,101	
SUB-TOTAL OF SALES # 2			0	1,565,531	1,458,865	106,665	
SUB-TOTAL			0	1,582,097	1,475,431	106,665	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021
INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE			PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED				
ISSUE: 956990AGO - CASH HELD AT OUTSIDE FUND							
01/31/21 B	200,000	1.000	200,000		200,000-	200,000	
02/28/21 B	240,000	1.000	240,000		240,000-	240,000	
03/31/21 B	50,000	1.000	50,000		50,000-	50,000	
04/30/21 B	1,619,562	1.000	0		1,619,562*	1,619,562	
07/30/21 B	300,000	1.000	300,000		300,000-	300,000	
SUB-TOTAL OF BUYS		# 5	790,000		2,409,562	2,409,562	
02/01/21 S	200,000	1.000	0		200,000	200,000	0
03/01/21 S	240,000	1.000	0		240,000	240,000	0
04/05/21 S	50,000	1.000	0		50,000	50,000	0
05/17/21 S	1,619,562	1.000	0		1,619,562 *	1,619,562	0
08/02/21 S	300,000	1.000	0		300,000	300,000	0
SUB-TOTAL OF SALES		# 5	0		2,409,562	2,409,562	0
SUB-TOTAL			790,000		4,819,124	4,819,124	0
ISSUE: 992995936 - WFB COLLATERALIZED INST BANK DEP A/C							
02/01/21 B	54,884	1.000	0		54,884-	54,884	
03/01/21 B	4,885	1.000	0		4,885-	4,885	
03/02/21 B	67,576	1.000	0		67,576-	67,576	
04/05/21 B	50,000	1.000	0		50,000-	50,000	
04/26/21 B	1,313	1.000	0		1,313-	1,313	
05/03/21 B	1,421,397	1.000	0		1,421,397-	1,421,397	
05/17/21 B	1,619,562	1.000	0		1,619,562*	1,619,562	
05/18/21 B	1,539,259	1.000	0		1,539,259-	1,539,259	
06/15/21 B	300,000	1.000	0		300,000-	300,000	
10/01/21 B	15,211	1.000	0		15,211-	15,211	
11/01/21 B	79,095	1.000	0		79,095-	79,095	
12/02/21 B	304,085	1.000	0		304,085-	304,085	
12/31/21 B	100,000	1.000	0		100,000-	100,000	
SUB-TOTAL OF BUYS		# 13	0		5,557,267	5,557,267	
01/04/21 S	63,865	1.000	0		63,865	63,865	0
01/19/21 S	3,750	1.000	0		3,750	3,750	0
01/20/21 S	3,437	1.000	0		3,437	3,437	0
01/22/21 S	2,466	1.000	0		2,466	2,466	0
02/23/21 S	2,295	1.000	0		2,295	2,295	0



REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021

INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE			PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED				
03/08/21 S	18,750	1.000	0		18,750	18,750	0
03/10/21 S	2,846	1.000	0		2,846	2,846	0
03/23/21 S	1,560	1.000	0		1,560	1,560	0
04/01/21 S	96,538	1.000	0		96,538	96,538	0
04/02/21 S	3,354	1.000	0		3,354	3,354	0
04/20/21 S	3,430	1.000	0		3,430	3,430	0
04/27/21 S	1,560	1.000	0		1,560	1,560	0
05/04/21 S	1,350,000	1.000	0		1,350,000	1,350,000	0
05/20/21 S	1,600,000	1.000	0		1,600,000	1,600,000	0
05/21/21 S	700,000	1.000	0		700,000	700,000	0
05/25/21 S	2,442	1.000	0		2,442	2,442	0
05/27/21 S	900,000	1.000	0		900,000	900,000	0
06/01/21 S	46,464	1.000	0		46,464	46,464	0
06/03/21 S	1,209	1.000	0		1,209	1,209	0
06/04/21 S	18,750	1.000	0		18,750	18,750	0
06/23/21 S	1,576	1.000	0		1,576	1,576	0
07/01/21 S	47,457	1.000	0		47,457	47,457	0
07/20/21 S	3,271	1.000	0		3,271	3,271	0
07/29/21 S	2,102	1.000	0		2,102	2,102	0
08/02/21 S	117,456	1.000	0		117,456	117,456	0
08/25/21 S	1,576	1.000	0		1,576	1,576	0
08/27/21 S	28,472	1.000	0		28,472	28,472	0
09/01/21 S	47,457	1.000	0		47,457	47,457	0
09/02/21 S	5,000	1.000	0		5,000	5,000	0
09/21/21 S	4,048	1.000	0		4,048	4,048	0
09/24/21 S	518	1.000	0		518	518	0
09/27/21 S	18,750	1.000	0		18,750	18,750	0
10/04/21 S	12,870	1.000	0		12,870	12,870	0
10/20/21 S	3,223	1.000	0		3,223	3,223	0
10/21/21 S	10,800	1.000	0		10,800	10,800	0
10/28/21 S	42,100	1.000	0		42,100	42,100	0
11/16/21 S	18,750	1.000	0		18,750	18,750	0
11/24/21 S	1,592	1.000	0		1,592	1,592	0
12/01/21 S	50,905	1.000	0		50,905	50,905	0
12/07/21 S	265,000	1.000	0		265,000	265,000	0
12/29/21 S	1,592	1.000	0		1,592	1,592	0
SUB-TOTAL OF SALES # 41			0		5,507,231	5,507,231	0
SUB-TOTAL			0		11,064,498	11,064,498	0
GRAND TOTAL			5,130,000		29,172,039	28,245,377	926,663



REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021

INGEVITY CORP RETIREMENT PLAN
ACCOUNT NUMBER 26020300

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE			PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED				

F O O T N O T E S

- * = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

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

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

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

A Name of plan Ingevity Corporation Retirement Plan for Bargained Hourly Employees	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Ingevity Corporation	D Employer Identification Number (EIN) 47-4027764	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
2	Assets:		
	a Market value	2a	31,192,244
	b Actuarial value	2b	28,073,020
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	30	6,972,627
	b For terminated vested participants.....	33	1,020,958
	c For active participants	331	13,862,660
	d Total.....	394	21,856,245
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	5.73%
6	Target normal cost.....		
	a Present value of current plan year accruals.....	6a	770,607
	b Expected plan-related expenses	6b	115,339
	c Total (line 6a + line 6b)	6c	885,946

Statement by Enrolled Actuary

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

SIGN HERE	Debbie P Sichko <i>DPS</i> Signature of actuary DEBBIE P. SICHKO, E.A., F.S.A. Type or print name of actuary USI Consulting Group Firm name 1660 WEST 2ND STREET SUITE 900 CLEVELAND OH 44113 Address of the firm	10/5/2022 Date 2007411 Most recent enrollment number 216-343-0225 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2021
v. 201209

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

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 885,946**b** Excess assets, if applicable, but not greater than line 31a **31b** 885,946**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33** 0**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Ingevity Corporation – Retirement Plan for Bargained Hourly Employees
January 1, 2021 Valuation
EIN/PN: 47-4027764 / 002

Rates of Retirement	Age	Retirement Rate
	55-60	.06
	61	.15
	62	.35
	63-64	.25
	65	.40
	66-69	.30
	70	1.00

Weighted Average Retirement Age is 62. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Appendix A

Summary of Principal Plan Provisions

Plan Sponsor	Ingevity Corporation																										
EIN/PN	47-4027764/002																										
Effective Date	May 16, 2016; Last amended effective July 1, 2020.																										
Plan Year	The 12-month period beginning each January 1.																										
Participation	<p>All hourly employees of the Employer, subject to the appropriate collective bargaining agreements, are eligible to participate in the Plan upon their date of hire.</p> <p>Effective July 1, 2018, participation is closed to new entrants in Locals 508 and 183.</p> <p>Effective January 1, 2019, participation is closed to entrants in Local 1753.</p> <p>Effective July 1, 2020, participation is close to entrants in Local 775.</p>																										
Service	Service is elapsed time from hire date where partial months count as whole months. Benefit service does not include service when not under a bargaining agreement.																										
Accrued Benefit	<p>The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be determined by Union using Benefit Service and multiplier as of the date of determination:</p> <table><tr><td colspan="2">Covington Mill-PACE, Local 675</td></tr><tr><td>If Termination Occurs</td><td>Multiplier</td></tr><tr><td>5/16/2016-9/13/2017</td><td>\$59.00</td></tr><tr><td>9/14/2017-3/31/2018</td><td>\$59.50</td></tr><tr><td>4/01/2018-3/31/2019</td><td>\$60.00</td></tr><tr><td>4/01/2019-3/31/2020</td><td>\$60.50</td></tr><tr><td>4/01/2020-3/31/2021</td><td>\$61.00</td></tr><tr><td>4/01/2021 onward</td><td>\$61.50</td></tr></table> <table><tr><td colspan="2">Charleston Chemical Plant, Local 508</td></tr><tr><td>If Termination Occurs</td><td>Multiplier</td></tr><tr><td>5/16/2016-12/31/2016</td><td>\$51.00</td></tr><tr><td>1/01/2017-6/30/2018</td><td>\$51.50</td></tr><tr><td>7/01/2018 onward</td><td>\$53.50</td></tr></table> <p>Effective October 31, 2018, accrued benefits are frozen for participants of Local 508 who elected to 'opt-out' of the plan.</p>	Covington Mill-PACE, Local 675		If Termination Occurs	Multiplier	5/16/2016-9/13/2017	\$59.00	9/14/2017-3/31/2018	\$59.50	4/01/2018-3/31/2019	\$60.00	4/01/2019-3/31/2020	\$60.50	4/01/2020-3/31/2021	\$61.00	4/01/2021 onward	\$61.50	Charleston Chemical Plant, Local 508		If Termination Occurs	Multiplier	5/16/2016-12/31/2016	\$51.00	1/01/2017-6/30/2018	\$51.50	7/01/2018 onward	\$53.50
Covington Mill-PACE, Local 675																											
If Termination Occurs	Multiplier																										
5/16/2016-9/13/2017	\$59.00																										
9/14/2017-3/31/2018	\$59.50																										
4/01/2018-3/31/2019	\$60.00																										
4/01/2019-3/31/2020	\$60.50																										
4/01/2020-3/31/2021	\$61.00																										
4/01/2021 onward	\$61.50																										
Charleston Chemical Plant, Local 508																											
If Termination Occurs	Multiplier																										
5/16/2016-12/31/2016	\$51.00																										
1/01/2017-6/30/2018	\$51.50																										
7/01/2018 onward	\$53.50																										

Appendix A (Continued)

Accrued Benefit (Continued)

Charleston Chemical Plant, Local 183

If Termination Occurs	Multiplier
5/16/2016-12/31/2016	\$51.00
1/01/2017-6/30/2018	\$51.50
7/01/2018 onward	\$53.50

Effective December 31, 2018, accrued benefits are frozen for participants of Local 183 who elect to 'opt-out' of the plan.

Charleston Chemical Plant, Local 1753

If Termination Occurs	Multiplier
5/16/2016-12/31/2016	\$51.00
1/01/2017-1/02/2019	\$51.50
1/03/2019 onward	\$53.50

Effective March 30, 2019, accrued benefits are frozen for participants of Local 1753 who elect to 'opt-out' of the plan.

Wickliffe Carbon Plant, Local 775

If Termination Occurs	Multiplier
5/16/2016-3/31/2017	\$39.00
4/01/2017-3/31/2018	\$40.00
4/01/2018-3/31/2019	\$41.00
4/01/2019-6/30/2020	\$42.00
7/01/2020 onward	\$45.00

Effective June 30, 2020 accrued benefits are frozen for participants of Local 775 who elect to 'opt-out' of the plan

Covington Mill-IBEW, Local 464

Multiplier
\$61.00

Georgia-Pacific, Local 1362

If Termination Occurs	Multiplier
3/8/2018-12/31/2018	\$39.00
1/1/2019-12/31/2019	\$40.00
1/1/2020 onward	\$41.00

The Accrued Benefit for members of Local 1362 is offset by their accrued benefit as of March 8, 2018, the acquisition date.

Normal Retirement Benefit

Eligibility:

Age 65.

Monthly Benefit:

The amount of the monthly benefit to be paid for life is the product of the benefit service and the applicable benefit multiplier.

Appendix A (Continued)

Early Retirement Benefit Eligibility:

Age 55 and 5 Years of Service.

Monthly Benefit:

If the participant has at least 20 years of Benefit Service then the Accrued Benefit is reduced 6% per year from Age 62. Otherwise, the Accrued Benefit is reduced 3% per year for the first three years and 6% for the next seven years from Normal Retirement Age.

Termination Benefit Eligibility:

Upon termination of employment prior to retirement after completion of at least 5 Years of Service.

Monthly Benefit:

The Accrued Benefit payable at the Normal Retirement Date. Reduced benefits are available based on provisions for Early Retirement.

Disability Benefit Eligibility:

Must be totally and permanently disabled prior to retirement or separation from service and have at least 10 years of Service.

Monthly Benefit:

The unreduced Accrued Benefit as of the Disability Retirement Date.

Death Benefit Eligibility:

100% vested and married for at the time of death.

Monthly Benefit:

The surviving spouse benefit is determined assuming the participant terminates at the earlier of his actual termination date and his date of death and survives to his earliest retirement age and elects a joint and survivor annuity and then dies. If death occurs prior to 55 the survivor percent is 50%, otherwise, it's 75%.

Benefits Available As Lump Sums

This plan pays only small benefit amounts as lump sums (\$1,000 or less).

Appendix A (Continued)

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

Changes in Plan Provisions

The benefit rate for Local 775 increased from \$42 to \$45, effective July 1, 2020.

The benefits for participants in Local 775 who elect to opt-out are frozen effective July 1, 2020.

Participation was frozen for Local 775 effective May 1, 2020.

Ingevity Corporation Retirement Plan for Bargained Hourly Employees
Schedule of Assets (Held at End of Year)
Schedule H, Line 4i
EIN: 47-4027764 Plan: 002
December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds:			
	Dodge & Cox	Global Stock Fund	\$ 3,586,603	\$ 4,133,127
	BNY Mellon	Global Stock Fund	3,490,300	4,158,781
	PGIM	High Yield Fund	938,522	926,810
	Common Collective Trusts:			
	Hand	Composite Employee Benefit TR West Asset Long Duration	2,327,000	3,140,385
	Prudential Trust Company	U/S/ Long Duration Corporate Bond	2,722,089	3,144,961
	SSGA	MSCI ACWI IMI Index	3,492,208	4,544,401
	State Street	20+ Year U.S. Treasury Strips Index Non-Lending Fund	7,599,954	9,498,848
	Alternative Funds:			
	Marathon	Emerging Markets Bond Fund	1,170,000	1,191,927
	Pacific Asset Management	Bank Loan Fund	900,000	922,391
	Interest Bearing Cash	Institutional bank deposit account	194,090	194,090
			<u>\$ 26,420,766</u>	<u>\$ 31,855,721</u>