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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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

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. | 10/14/2024 | DAWN ORAM                                                    |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                               |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 408                                                                                                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 321<br><b>6a(2)</b> 299<br><b>6b</b> 41<br><b>6c</b> 52<br><b>6d</b> 392<br><b>6e</b> 7<br><b>6f</b> 399<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 8 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                       |

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

1B

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
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| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                         |                                                                                                                                                  |
| ▶ 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<br>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<br>INGEVITY CORPORATION                                          | D Employer Identification Number (EIN)<br>47-4027764                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 24006855                  |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 26407543                  |                          |
| 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                                                                                                                                     | 39                         | 8521250                   | 8521250                  |
| b      | For terminated vested participants                                                                                                                                                               | 48                         | 1794612                   | 1794612                  |
| c      | For active participants                                                                                                                                                                          | 321                        | 16073234                  | 17616860                 |
| d      | Total                                                                                                                                                                                            | 408                        | 26389096                  | 27932722                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| 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                          | 5.37 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 691177                    |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 405931                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 1097108                   |                          |

**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.

|                          |                                                                                                                                                                                                                                                                               |                                                                                                                                                                              |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>DEBBIE P. SICHKO, E.A., F.S.A.</div> <div>Type or print name of actuary</div> <div>USI CONSULTING GROUP</div> <div>Firm name</div> <div>1001 LAKESIDE AVENUE<br/>SUITE 1200<br/>CLEVELAND, OH 44114</div> <div>Address of the firm</div> | <div>10/14/2024</div> <div>Date</div> <div>23-07411</div> <div>Most recent enrollment number</div> <div>216-343-0225</div> <div>Telephone number (including area code)</div> |
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**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 1602443                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 1602443                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-24.96</u> % .....                                                                               | 0                     | -399970                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 919652                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.55</u> % ..... |                       | 51041                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 970693                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 1202473                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 90.23 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 90.23 %  |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 113.69 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/21/2023               | 1000000                           | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 1000000                           | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 971606 |

**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 |
|                                                            |         |         |         |

|               |                                                                            |
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| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
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|                                                                                                                                                                                              |                                                     |                        |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                                                     |                        |                        |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 %                              | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 % |
|                                                                                                                                                                                              | <input type="checkbox"/> N/A, full yield curve used |                        |                        |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  | <b>21b</b>                                          | 4                      |                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              | <b>22</b>                                           | 62                     |                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                                                     |                        |                        |

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

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

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 1097108            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 2727652             | 249800             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 1346908            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 375302             | 375302        |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 971606             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 971606             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

|                |                                                                                             |
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| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
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|                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>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<br>INGEVITY CORPORATION             | D Employer Identification Number (EIN)<br>47-4027764 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

ROCATON INVESTMENT ADVISORS LLC

04-3638035

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 28 50               | NONE                                                                                              | 75000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

USI CONSULTING GROUP

06-1053228

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17 50               | NONE                                                                                              | 50979                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FORVIS, LLP

44-0160260

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 18000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

PRINCIPAL FINANCIAL GROUP, INC.

42-1522034

| (b)<br>Service Code(s)        | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 21 25<br>50 51 59<br>63 64 | TRUSTEE                                                                                           | 11205                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

PRUDENTIAL TRUST COMPANY

23-6994310

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE                                                                                              | 6706                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WESTERN ASSET MGMT CO, LLC

26-0567600

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE                                                                                              | 5785                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                              |                               |                                                                                                                    |
|----------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>20 YR US TREAS. STRPS INDX NL(CMCA)</u>    |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>90-0337987-169</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7698790</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LONG DURATION CORPORATE BOND FD</u>     |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>            |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>23-6994310-159</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2604455</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WESTERN ASSET LONG DURATION CR. CL</u>     |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>HAND BENEFITS &amp; TRUST COMPANY</u>   |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>74-2008758-155</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2626727</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI ACWI IMI INDEX NL FUND</u>            |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>        |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>90-0337987-161</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3660665</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                            |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                              | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                            |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                              | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                               |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                            |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                              | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |

**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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                              |                                                             |     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023   |                                                             |     |
| <b>A</b> Name of plan<br>INGEVITY CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>INGEVITY CORPORATION        | <b>D</b> Employer Identification Number (EIN)<br>47-4027764 |     |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 0                     | 75836           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 1000000               | 0               |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 890                   | 4755            |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 268379                | 118019          |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 14390457              | 16590637        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 6727035               | 7936736         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 1649405               | 1863403         |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 24036166              | 26589386        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 24036166              | 26589386        |

**Part II Income and Expense Statement**

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

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 1000000    |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1000000   |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 3798       |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 3798      |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 122830     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 122830    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> | 4277210    |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> | 4277210    |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> | 213996     |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 1304633   |
| (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) |            | 1115321   |
| c Other income .....                                                                            | 2c     |            | 235       |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 3760813   |

**Expenses**

|                                                                                      |        |        |         |
|--------------------------------------------------------------------------------------|--------|--------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |        |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 731987 |         |
| (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)  |        | 731987  |
| f Corrective distributions (see instructions) .....                                  | 2f     |        |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        |         |
| h Interest expense .....                                                             | 2h     |        |         |
| i Administrative expenses:                                                           |        |        |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |        |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  |        |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |        |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 18000  |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 90238  |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 11204  |         |
| (7) Actuarial fees .....                                                             | 2i(7)  | 50979  |         |
| (8) Legal fees .....                                                                 | 2i(8)  |        |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |        |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |        |         |
| (11) Other expenses .....                                                            | 2i(11) | 305185 |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |        | 475606  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |        | 1207593 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 2553220 |
| 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** as part of Schedule H because:

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |          |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 508659.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>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>2023</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>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<br>INGEVITY CORPORATION                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>47-4027764                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>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.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                              | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input checked="" type="checkbox"/> Both <input type="checkbox"/> No         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                               | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2023 v. 230707                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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) .....

**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) .....

**14a****14b****14c**

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

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

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

**15a****15b**

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

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

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

**16a****16b**

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

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

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

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

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

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

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

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

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

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation. \_\_\_\_\_

## **Part VII IRS Compliance Questions**

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☒ N/A

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



# **Ingevity Corporation Retirement Plan for Bargained Hourly Employees**

**EIN 47-4027765 | PN 002**

**Independent Auditor's Report, Financial Statements,  
and Supplementary Information**

December 31, 2023 and 2022



Ingevity Corporation Retirement Plan for Bargained Hourly Employees  
Contents  
December 31, 2023 and 2022

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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 Financial Statements***

We have performed audits of the financial statements of Ingevity Corporation Retirement Plan for Bargained Hourly Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### ***Opinion***

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the information in the accompanying 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***

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

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for 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 Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 GAAP.

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

### ***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedule of assets (held at end of year) as of December 31, 2023 and schedule of reportable transactions for the year ended December 31, 2023 are presented for purposes of analysis and are not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

**Forvis Mazars, LLP**

**Charleston, South Carolina  
October 11, 2024**

**Federal Employer Identification Number: 44-0160260**

**Ingevity Corporation Retirement Plan for Bargained Hourly Employees**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2023 and 2022**

|                                          | <u>2023</u>                 | <u>2022</u>                 |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                            |                             |                             |
| Investments at fair value                | \$ 26,584,631               | \$ 23,035,276               |
| <b>Receivables</b>                       |                             |                             |
| Contribution receivable                  | -                           | 1,000,000                   |
| Accrued interest receivable              | <u>4,755</u>                | <u>890</u>                  |
| <b>Total Receivables</b>                 | <u>4,755</u>                | <u>1,000,890</u>            |
| <b>Net Assets Available for Benefits</b> | <u><u>\$ 26,589,386</u></u> | <u><u>\$ 24,036,166</u></u> |

**Ingevity Corporation Retirement Plan for Bargained Hourly Employees**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2023**

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|                                                             |                           |
|-------------------------------------------------------------|---------------------------|
| <b>Additions</b>                                            |                           |
| <b>Contributions</b>                                        |                           |
| Employer                                                    | \$ 1,000,000              |
| <b>Investment income</b>                                    |                           |
| Net appreciation in fair value of investments               | 2,634,185                 |
| Interest and dividends                                      | 126,628                   |
|                                                             | <hr/>                     |
| <b>Total Additions</b>                                      | <hr/> 3,760,813 <hr/>     |
| <b>Deductions</b>                                           |                           |
| Benefits paid to participants                               | 731,987                   |
| Administrative expenses                                     | 475,606                   |
|                                                             | <hr/>                     |
| <b>Total Deductions</b>                                     | <hr/> 1,207,593 <hr/>     |
| <b>Net Increase</b>                                         | 2,553,220                 |
| <b>Net Assets Available for Benefits, Beginning of Year</b> | <hr/> 24,036,166 <hr/>    |
| <b>Net Assets Available for Benefits, End of Year</b>       | <hr/> \$ 26,589,386 <hr/> |

**Ingevity Corporation Retirement Plan for Bargained Hourly Employees**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

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**Note 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. ("Wells Fargo") was the trustee for the Plan and served as the recordkeeper and asset custodian. On July 1, 2019, Principal Financial Group ("PFG") completed its acquisition of the Wells Fargo Bank, N.A. Institutional Retirement & Trust Business. Pursuant to a transition services agreement, Wells Fargo continued to administer client assets until the completion of the migration. Plan migration to PFG was completed during February 2022 at which time PFG began serving as recordkeeper and asset custodian. 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.

**Note 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.

**Ingevity Corporation Retirement Plan for Bargained Hourly Employees**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

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***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.

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 11, 2024, the date the financial statements were available to be issued.

**Note 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. The minimum funding requirement for the year ended December 31, 2023 was met. The Company made \$1,000,000 in contributions for the year ended December 31, 2023.

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.

**Note 4. Certification of Plan Trustee**

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

- Investments of \$24,721,228 and \$21,385,871 as shown in the statements of net assets available for benefits as of December 31, 2023 and 2022, respectively
- Investment income of \$2,339,222 as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2023

**Ingevity Corporation Retirement Plan for Bargained Hourly Employees**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

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- Investment information of \$24,721,228 included in the accompanying schedule of assets held at end of year as of December 31, 2023 and the accompanying schedule of reportable transactions for the year ended December 31, 2023

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules. The Plan's investments in limited partnerships were excluded from certification provided by the Plan's Trustee.

**Note 5. 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.

The significant actuarial assumptions used in the valuations as of December 31, 2023 and 2022 were:

|                               | <u>2023</u>                                                              | <u>2022</u>                                                              |
|-------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Funding method                | Unit credit                                                              | Unit credit                                                              |
| Discount rate                 | 6.5%                                                                     | 5.5%                                                                     |
| Assumed return on plan assets | 6.5%                                                                     | 5.5%                                                                     |
| Mortality rate                | Pri-2012 Blue Collar<br>Mortality Tables Projected<br>with Scale MP-2021 | Pri-2012 Blue Collar<br>Mortality Tables Projected<br>with Scale MP-2021 |
| Retirement age                | Weighted average retirement<br>age is 62                                 | Weighted average retirement<br>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.

**Ingevity Corporation Retirement Plan for Bargained Hourly Employees**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

The actuarial present value of accumulated plan benefits as of December 31, 2023 and 2022 was as follows:

|                                                            | <u>2023</u>          | <u>2022</u>          |
|------------------------------------------------------------|----------------------|----------------------|
| Vested benefits:                                           |                      |                      |
| Participants currently receiving benefits                  | \$ 8,311,238         | \$ 8,079,269         |
| Other participants                                         | <u>15,191,704</u>    | <u>17,172,137</u>    |
| Total vested benefits                                      | 23,502,942           | 25,251,406           |
| Non-vested benefits                                        | <u>1,273,245</u>     | <u>1,474,848</u>     |
| Total actuarial present value of accumulated plan benefits | <u>\$ 24,776,187</u> | <u>\$ 26,726,254</u> |

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

|                                                                                  |                      |
|----------------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits,<br>as of December 31, 2022 | \$ 26,726,254        |
| Increase (decrease) attributable to:                                             |                      |
| Benefits accumulated                                                             | 613,437              |
| Increase for interest due to decrease in discount period                         | 1,450,084            |
| Decrease for change in actuarial assumptions                                     | (3,528,452)          |
| Plan amendment                                                                   | 246,831              |
| Benefits paid                                                                    | <u>(731,987)</u>     |
| Actuarial present value of accumulated plan benefits,<br>as of December 31, 2023 | <u>\$ 24,776,187</u> |

## **Note 6. 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.

**Ingevity Corporation Retirement Plan for Bargained Hourly Employees**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

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.

***Interest-bearing cash***

Interest-bearing cash is invested in an insured deposit account valued at \$1.

***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. 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.

| <b>Assets at Fair Value as of December 31, 2023</b> |                     |                |                |                      |
|-----------------------------------------------------|---------------------|----------------|----------------|----------------------|
|                                                     | <b>Level 1</b>      | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>         |
| Mutual funds                                        | \$ 7,936,737        | \$ -           | \$ -           | \$ 7,936,737         |
| Interest-bearing cash                               | 193,854             | -              | -              | 193,854              |
| Total assets in the fair value hierarchy            | <u>\$ 8,130,591</u> | <u>\$ -</u>    | <u>\$ -</u>    | 8,130,591            |
| Investments measured at NAV (a)                     |                     |                |                | <u>18,454,040</u>    |
| Investments at fair value                           |                     |                |                | <u>\$ 26,584,631</u> |

| <b>Assets at Fair Value as of December 31, 2022</b> |                     |                |                |                      |
|-----------------------------------------------------|---------------------|----------------|----------------|----------------------|
|                                                     | <b>Level 1</b>      | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>         |
| Mutual funds                                        | \$ 6,727,035        | \$ -           | \$ -           | \$ 6,727,035         |
| Interest-bearing cash                               | 268,379             | -              | -              | 268,379              |
| Total assets in the fair value hierarchy            | <u>\$ 6,995,414</u> | <u>\$ -</u>    | <u>\$ -</u>    | 6,995,414            |
| Investments measured at NAV (a)                     |                     |                |                | <u>16,039,862</u>    |
| Investments at fair value                           |                     |                |                | <u>\$ 23,035,276</u> |

**Ingevity Corporation Retirement Plan for Bargained Hourly Employees**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

(a) *In accordance with GAAP, 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, 2023 and 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

|                          | Fair Value at<br>December 31,<br>2023 | Fair Value at<br>December 31,<br>2022 | Unfunded<br>Commitments | Other<br>Redemption<br>Restrictions | Redemption<br>Notice<br>Period |
|--------------------------|---------------------------------------|---------------------------------------|-------------------------|-------------------------------------|--------------------------------|
| Common collective trusts | \$ 16,590,637                         | \$ 14,390,457                         | None                    | Monthly                             | Up to 1 Month                  |
| Limited partnerships (b) | \$ 1,863,403                          | \$ 1,649,405                          | None                    | (b)                                 | (b)                            |

(b) *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 \$1,106,277 and \$985,874 in MEMBF as of December 31, 2023 and 2022, 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 \$757,126 and \$663,531 in PAMBLF as of December 31, 2023 and 2022, 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.

## **Note 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 has been amended since receiving the determination letter. However, 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Ingevity Corporation Retirement Plan for Bargained Hourly Employees**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

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**Note 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 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.

**Note 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.

**Note 10. Plan Amendments**

On September 1, 2022, the Plan was closed to all new and rehired employees of Covington Mill represented by the Covington Paperworks Union 675. Accordingly, employees hired by this location after September 1, 2022, are not eligible to participate in the Plan and former employees who participated in the Plan who are rehired on or after September 1, 2022 are eligible to accrue vesting service benefits pursuant to the provisions of the 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, 2023**

| (a) | (b)<br>Identity of Issuer,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral<br>Par or Maturity Value | (d)<br>Cost          | (e)<br>Current<br>Value |
|-----|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
|     | Mutual Funds:                                                      |                                                                                                                       |                      |                         |
|     | Dodge & Cox                                                        | Global Stock Fund                                                                                                     | \$ 2,902,964         | \$ 3,379,164            |
|     | BNY Mellon                                                         | Global Stock Fund                                                                                                     | 4,143,039            | 3,820,225               |
|     | PGIM                                                               | High Yield Fund                                                                                                       | 812,229              | 737,348                 |
|     | Common Collective Trusts:                                          |                                                                                                                       |                      |                         |
|     | Hand                                                               | Composite Employee Benefit TR West Asset Long Duration                                                                | 2,426,853            | 2,626,727               |
|     | Prudential Trust Company                                           | U/S/ Long Duration Corporate Bond                                                                                     | 2,897,392            | 2,604,455               |
|     | SSGA                                                               | MSCI ACWI IMI Index                                                                                                   | 2,873,088            | 3,660,664               |
|     | State Street                                                       | 20+ Year U.S. Treasury Strips Index Non-Lending Fund                                                                  | 9,326,618            | 7,698,791               |
|     | Alternative Funds:                                                 |                                                                                                                       |                      |                         |
|     | Marathon                                                           | Emerging Markets Bond Fund                                                                                            | 1,170,000            | 1,106,277               |
|     | Pacific Asset Management                                           | Bank Loan Fund                                                                                                        | 650,000              | 757,126                 |
|     | Interest Bearing Cash                                              | Institutional bank deposit account                                                                                    | 193,854              | 193,854                 |
|     |                                                                    |                                                                                                                       | <u>\$ 27,396,037</u> | <u>\$ 26,584,631</u>    |

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD<br>-----                        | SHARES/<br>PAR VALUE<br>----- | UNIT<br>PRICE<br>----- | EXPENSE<br>INCURRED<br>----- | PRINCIPAL<br>CASH<br>----- | TRANSACTION<br>COST<br>----- | REALIZED<br>GAIN/LOSS<br>----- |
|-----------------------------------------------------|-------------------------------|------------------------|------------------------------|----------------------------|------------------------------|--------------------------------|
|                                                     | BEGINNING MARKET VALUE        |                        | 23,036,164.70                |                            |                              |                                |
|                                                     | COMPARATIVE VALUE (5%)        |                        | 1,151,808.23                 |                            |                              |                                |
|                                                     | -----                         |                        | -----                        |                            |                              |                                |
| ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 |                               |                        |                              |                            |                              |                                |
| 07/21/23 B                                          | 2,000,000                     | 1.000                  | 0                            | 2,000,000-*                | 2,000,000                    |                                |
| GRAND TOTAL                                         |                               |                        | 0                            | 2,000,000                  | 2,000,000                    | 0                              |

F O O T N O T E S  
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\* = SINGLE TRANSACTION IS 5% REPORTABLE  
B = BUY TRANSACTION  
S = SELL TRANSACTION  
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD<br>----- | SERIES / BY BROKER<br>SHARES/<br>PAR VALUE<br>-----              | UNIT<br>PRICE<br>----- | EXPENSE<br>INCURRED<br>----- | PRINCIPAL<br>CASH<br>----- | TRANSACTION<br>COST<br>----- | REALIZED<br>GAIN/LOSS<br>----- |
|------------------------------|------------------------------------------------------------------|------------------------|------------------------------|----------------------------|------------------------------|--------------------------------|
|                              | BEGINNING MARKET VALUE                                           |                        | 23,036,164.70                |                            |                              |                                |
|                              | COMPARATIVE VALUE (5%)                                           |                        | 1,151,808.23                 |                            |                              |                                |
|                              | -----                                                            |                        | -----                        |                            |                              |                                |
|                              | BROKER: MISCELLANEOUS                                            |                        |                              |                            |                              |                                |
| 01/01/23 S                   | ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.<br>6,864           | 14.570                 | 0                            | 100,000                    | 118,242                      | -18,242                        |
| 01/31/23 S                   | ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.<br>793          | 2.030                  | 0                            | 1,611                      | 1,921                        | -310                           |
| 02/08/23 B                   | ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING<br>2,463 | 40.595                 | 100,000                      | 100,000-                   | 100,000                      |                                |
| 02/28/23 B                   | ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.<br>5,495           | 13.649                 | 75,000                       | 75,000-                    | 75,000                       |                                |
| 03/13/23 S                   | ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING<br>6     | 38.296                 | 0                            | 222                        | 205                          | 16                             |
| 03/13/23 S                   | ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.<br>29              | 14.407                 | 0                            | 415                        | 495                          | -80                            |
| 03/15/23 B                   | ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING<br>3,146 | 38.146                 | 120,000                      | 120,000-                   | 120,000                      |                                |
| 03/15/23 S                   | ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.<br>8,331           | 14.404                 | 0                            | 120,000                    | 143,205                      | -23,205                        |
| 04/04/23 S                   | ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.<br>785          | 2.132                  | 0                            | 1,673                      | 1,920                        | -247                           |
| 04/28/23 B                   | ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING<br>2,449 | 40.834                 | 100,000                      | 100,000-                   | 100,000                      |                                |
| 04/28/23 B                   | ISSUE: MS6912823 - CASH HELD AT SSGA<br>90,000                   | 1.000                  | 90,000                       | 90,000-                    | 90,000                       |                                |
| 04/28/23 S                   | ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.<br>39,918       | 2.129                  | 0                            | 85,000                     | 97,657                       | -12,657                        |
| 04/28/23 S                   | ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.<br>6,231           | 14.443                 | 0                            | 90,000                     | 107,114                      | -17,114                        |
| 04/28/23 B                   | ISSUE: 956990AG0 - CASH HELD AT OUTSIDE FUND<br>85,000           | 1.000                  | 85,000                       | 85,000-                    | 85,000                       |                                |
| 05/01/23 S                   | ISSUE: MS6912823 - CASH HELD AT SSGA<br>90,000                   | 1.000                  | 0                            | 90,000                     | 90,000                       | 0                              |
| 05/01/23 S                   | ISSUE: 956990AG0 - CASH HELD AT OUTSIDE FUND<br>85,000           | 1.000                  | 0                            | 85,000                     | 85,000                       | 0                              |
| 05/30/23 S                   | ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING<br>6     | 40.733                 | 0                            | 234                        | 206                          | 29                             |

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD<br>-----                            | SERIES / BY BROKER<br>SHARES/<br>PAR VALUE<br>----- | UNIT<br>PRICE<br>----- | EXPENSE<br>INCURRED<br>----- | PRINCIPAL<br>CASH<br>----- | TRANSACTION<br>COST<br>----- | REALIZED<br>GAIN/LOSS<br>----- |
|---------------------------------------------------------|-----------------------------------------------------|------------------------|------------------------------|----------------------------|------------------------------|--------------------------------|
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                                                     |                        |                              |                            |                              |                                |
| 05/30/23 S                                              | 33                                                  | 13.677                 | 0                            | 457                        | 575                          | -117                           |
| ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING |                                                     |                        |                              |                            |                              |                                |
| 05/31/23 S                                              | 3,469                                               | 40.360                 | 0                            | 140,000                    | 123,886                      | 16,114                         |
| ISSUE: MS6912823 - CASH HELD AT SSGA                    |                                                     |                        |                              |                            |                              |                                |
| 05/31/23 B                                              | 140,000                                             | 1.000                  | 140,000                      | 140,000-                   | 140,000                      |                                |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                                                     |                        |                              |                            |                              |                                |
| 05/31/23 B                                              | 24,553                                              | 13.848                 | 340,000                      | 340,000-                   | 340,000                      |                                |
| ISSUE: MS6912823 - CASH HELD AT SSGA                    |                                                     |                        |                              |                            |                              |                                |
| 06/05/23 S                                              | 140,000                                             | 1.000                  | 0                            | 140,000                    | 140,000                      | 0                              |
| ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.        |                                                     |                        |                              |                            |                              |                                |
| 07/05/23 S                                              | 797                                                 | 2.080                  | 0                            | 1,658                      | 1,938                        | -280                           |
| ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING |                                                     |                        |                              |                            |                              |                                |
| 07/26/23 B                                              | 3,406                                               | 44.037                 | 150,000                      | 150,000-                   | 150,000                      |                                |
| ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.        |                                                     |                        |                              |                            |                              |                                |
| 07/26/23 B                                              | 142,237                                             | 2.109                  | 300,000                      | 300,000-                   | 300,000                      |                                |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                                                     |                        |                              |                            |                              |                                |
| 07/26/23 B                                              | 52,624                                              | 13.682                 | 720,000                      | 720,000-                   | 720,000                      |                                |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                                                     |                        |                              |                            |                              |                                |
| 08/31/23 B                                              | 11,664                                              | 12.860                 | 150,000                      | 150,000-                   | 150,000                      |                                |
| ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING |                                                     |                        |                              |                            |                              |                                |
| 09/11/23 S                                              | 6                                                   | 42.832                 | 0                            | 255                        | 214                          | 40                             |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                                                     |                        |                              |                            |                              |                                |
| 09/11/23 S                                              | 37                                                  | 12.295                 | 0                            | 451                        | 611                          | -160                           |
| ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING |                                                     |                        |                              |                            |                              |                                |
| 09/29/23 S                                              | 4,843                                               | 41.300                 | 0                            | 200,000                    | 174,577                      | 25,423                         |
| ISSUE: MS6912823 - CASH HELD AT SSGA                    |                                                     |                        |                              |                            |                              |                                |
| 09/29/23 B                                              | 200,000                                             | 1.000                  | 200,000                      | 200,000-                   | 200,000                      |                                |
| ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.        |                                                     |                        |                              |                            |                              |                                |
| 09/29/23 S                                              | 51,205                                              | 1.953                  | 0                            | 100,000                    | 125,367                      | -25,367                        |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                                                     |                        |                              |                            |                              |                                |
| 09/29/23 B                                              | 45,103                                              | 11.307                 | 510,000                      | 510,000-                   | 510,000                      |                                |
| ISSUE: 956990AG0 - CASH HELD AT OUTSIDE FUND            |                                                     |                        |                              |                            |                              |                                |
| 09/29/23 B                                              | 100,000                                             | 1.000                  | 100,000                      | 100,000-                   | 100,000                      |                                |
| ISSUE: 956990AG0 - CASH HELD AT OUTSIDE FUND            |                                                     |                        |                              |                            |                              |                                |
| 10/02/23 S                                              | 100,000                                             | 1.000                  | 0                            | 100,000                    | 100,000                      | 0                              |
| ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.        |                                                     |                        |                              |                            |                              |                                |
| 10/03/23 S                                              | 47,545                                              | 1.893                  | 0                            | 90,000                     | 116,829                      | -26,829                        |
| ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.        |                                                     |                        |                              |                            |                              |                                |
| 10/03/23 S                                              | 932                                                 | 1.893                  | 0                            | 1,764                      | 2,290                        | -526                           |
| ISSUE: MS6912823 - CASH HELD AT SSGA                    |                                                     |                        |                              |                            |                              |                                |
| 10/04/23 S                                              | 200,000                                             | 1.000                  | 0                            | 200,000                    | 200,000                      | 0                              |
| ISSUE: MS6912823 - CASH HELD AT SSGA                    |                                                     |                        |                              |                            |                              |                                |
| 11/30/23 B                                              | 85,000                                              | 1.000                  | 85,000                       | 85,000-                    | 85,000                       |                                |

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
 FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
 ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD<br>-----                            | SHARES/<br>PAR VALUE<br>----- | UNIT<br>PRICE<br>----- | EXPENSE<br>INCURRED<br>----- | PRINCIPAL<br>CASH<br>----- | TRANSACTION<br>COST<br>----- | REALIZED<br>GAIN/LOSS<br>----- |
|---------------------------------------------------------|-------------------------------|------------------------|------------------------------|----------------------------|------------------------------|--------------------------------|
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                               |                        |                              |                            |                              |                                |
| 11/30/23 S                                              | 7,150                         | 11.888                 | 0                            | 85,000                     | 116,359                      | -31,359                        |
| ISSUE: MS6912823 - CASH HELD AT SSGA                    |                               |                        |                              |                            |                              |                                |
| 12/01/23 S                                              | 85,000                        | 1.000                  | 0                            | 85,000                     | 85,000                       | 0                              |
| ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING |                               |                        |                              |                            |                              |                                |
| 12/27/23 S                                              | 6                             | 45.972                 | 0                            | 268                        | 210                          | 58                             |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                               |                        |                              |                            |                              |                                |
| 12/27/23 S                                              | 32                            | 13.704                 | 0                            | 444                        | 527                          | -83                            |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                               |                        |                              |                            |                              |                                |
| 12/29/23 S                                              | 55,425                        | 13.532                 | 0                            | 750,000                    | 901,946                      | -151,946                       |
|                                                         |                               |                        | -----                        | -----                      | -----                        | -----                          |
| SUB-TOTAL                                               |                               |                        | 3,265,000                    | 5,734,452                  | 6,001,294                    | -266,842                       |
|                                                         |                               |                        |                              |                            |                              |                                |
| GRAND TOTAL                                             |                               |                        | 3,265,000                    | 5,734,452                  | 6,001,294                    | -266,842                       |

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

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
 ACCOUNT NUMBER 26020300

| SERIES / BY ISSUE                                   |                               |                        |                              |                            |                              |                                |
|-----------------------------------------------------|-------------------------------|------------------------|------------------------------|----------------------------|------------------------------|--------------------------------|
| DATE<br>BOUGHT/SOLD<br>-----                        | SHARES/<br>PAR VALUE<br>----- | UNIT<br>PRICE<br>----- | EXPENSE<br>INCURRED<br>----- | PRINCIPAL<br>CASH<br>----- | TRANSACTION<br>COST<br>----- | REALIZED<br>GAIN/LOSS<br>----- |
| BEGINNING MARKET VALUE                              |                               |                        | 23,036,164.70                |                            |                              |                                |
| COMPARATIVE VALUE (5%)                              |                               |                        | 1,151,808.23                 |                            |                              |                                |
| -----                                               |                               |                        |                              |                            |                              |                                |
| ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 |                               |                        |                              |                            |                              |                                |
| 01/12/23 B                                          | 1,074                         | 1.000                  | 0                            | 1,074-                     | 1,074                        |                                |
| 01/17/23 B                                          | 35                            | 1.000                  | 0                            | 35-                        | 35                           |                                |
| 02/01/23 B                                          | 100,000                       | 1.000                  | 0                            | 100,000-                   | 100,000                      |                                |
| 02/09/23 B                                          | 28                            | 1.000                  | 0                            | 28-                        | 28                           |                                |
| 03/01/23 B                                          | 93,535                        | 1.000                  | 0                            | 93,535-                    | 93,535                       |                                |
| 03/02/23 B                                          | 22                            | 1.000                  | 0                            | 22-                        | 22                           |                                |
| 03/07/23 B                                          | 2,112                         | 1.000                  | 0                            | 2,112-                     | 2,112                        |                                |
| 04/04/23 B                                          | 12                            | 1.000                  | 0                            | 12-                        | 12                           |                                |
| 05/01/23 B                                          | 75,000                        | 1.000                  | 0                            | 75,000-                    | 75,000                       |                                |
| 05/02/23 B                                          | 10                            | 1.000                  | 0                            | 10-                        | 10                           |                                |
| 06/01/23 B                                          | 184,482                       | 1.000                  | 0                            | 184,482-                   | 184,482                      |                                |
| 06/16/23 B                                          | 8                             | 1.000                  | 0                            | 8-                         | 8                            |                                |
| 07/03/23 B                                          | 12,231                        | 1.000                  | 0                            | 12,231-                    | 12,231                       |                                |
| 07/05/23 B                                          | 10                            | 1.000                  | 0                            | 10-                        | 10                           |                                |
| 07/21/23 B                                          | 2,000,000                     | 1.000                  | 0                            | 2,000,000-*                | 2,000,000                    |                                |
| 08/02/23 B                                          | 8                             | 1.000                  | 0                            | 8-                         | 8                            |                                |
| 09/01/23 B                                          | 87,555                        | 1.000                  | 0                            | 87,555-                    | 87,555                       |                                |
| 09/05/23 B                                          | 55                            | 1.000                  | 0                            | 55-                        | 55                           |                                |
| 10/02/23 B                                          | 287,232                       | 1.000                  | 0                            | 287,232-                   | 287,232                      |                                |
| 10/02/23 B                                          | 100,000                       | 1.000                  | 0                            | 100,000-                   | 100,000                      |                                |
| 10/02/23 B                                          | 200,000                       | 1.000                  | 0                            | 200,000-                   | 200,000                      |                                |
| 10/03/23 B                                          | 17                            | 1.000                  | 0                            | 17-                        | 17                           |                                |
| 10/04/23 B                                          | 190,000                       | 1.000                  | 0                            | 190,000-                   | 190,000                      |                                |
| 10/05/23 B                                          | 90,000                        | 1.000                  | 0                            | 90,000-                    | 90,000                       |                                |
| 11/01/23 B                                          | 96,923                        | 1.000                  | 0                            | 96,923-                    | 96,923                       |                                |
| 11/02/23 B                                          | 9                             | 1.000                  | 0                            | 9-                         | 9                            |                                |
| 11/02/23 B                                          | 1,889                         | 1.000                  | 0                            | 1,889-                     | 1,889                        |                                |
| 12/01/23 B                                          | 85,000                        | 1.000                  | 0                            | 85,000-                    | 85,000                       |                                |
| 12/04/23 B                                          | 21                            | 1.000                  | 0                            | 21-                        | 21                           |                                |
| SUB-TOTAL OF BUYS # 29                              |                               |                        | 0                            | 3,607,268                  | 3,607,268                    |                                |
| 01/03/23 S                                          | 55,070                        | 1.000                  | 0                            | 55,070                     | 55,070                       | 0                              |
| 01/06/23 S                                          | 2,486                         | 1.000                  | 0                            | 2,486                      | 2,486                        | 0                              |
| 01/18/23 S                                          | 2,194                         | 1.000                  | 0                            | 2,194                      | 2,194                        | 0                              |

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD<br>----- | SHARES/<br>PAR VALUE<br>----- | UNIT<br>PRICE<br>----- | EXPENSE<br>INCURRED<br>----- | PRINCIPAL<br>CASH<br>----- | TRANSACTION<br>COST<br>----- | REALIZED<br>GAIN/LOSS<br>----- |
|------------------------------|-------------------------------|------------------------|------------------------------|----------------------------|------------------------------|--------------------------------|
| 01/19/23 S                   | 690                           | 1.000                  | 0                            | 690                        | 690                          | 0                              |
| 01/20/23 S                   | 2,682                         | 1.000                  | 0                            | 2,682                      | 2,682                        | 0                              |
| 02/01/23 S                   | 105,205                       | 1.000                  | 0                            | 105,205                    | 105,205                      | 0                              |
| 02/02/23 S                   | 2,842                         | 1.000                  | 0                            | 2,842                      | 2,842                        | 0                              |
| 02/09/23 S                   | 100,000                       | 1.000                  | 0                            | 100,000                    | 100,000                      | 0                              |
| 02/22/23 S                   | 1,074                         | 1.000                  | 0                            | 1,074                      | 1,074                        | 0                              |
| 02/27/23 S                   | 3,242                         | 1.000                  | 0                            | 3,242                      | 3,242                        | 0                              |
| 03/01/23 S                   | 93,750                        | 1.000                  | 0                            | 93,750                     | 93,750                       | 0                              |
| 03/15/23 S                   | 1,767                         | 1.000                  | 0                            | 1,767                      | 1,767                        | 0                              |
| 04/03/23 S                   | 6,179                         | 1.000                  | 0                            | 6,179                      | 6,179                        | 0                              |
| 04/03/23 S                   | 1,592                         | 1.000                  | 0                            | 1,592                      | 1,592                        | 0                              |
| 04/05/23 S                   | 6,468                         | 1.000                  | 0                            | 6,468                      | 6,468                        | 0                              |
| 04/06/23 S                   | 1,588                         | 1.000                  | 0                            | 1,588                      | 1,588                        | 0                              |
| 04/20/23 S                   | 2,815                         | 1.000                  | 0                            | 2,815                      | 2,815                        | 0                              |
| 04/25/23 S                   | 670                           | 1.000                  | 0                            | 670                        | 670                          | 0                              |
| 05/01/23 S                   | 50,589                        | 1.000                  | 0                            | 50,589                     | 50,589                       | 0                              |
| 05/04/23 S                   | 2,334                         | 1.000                  | 0                            | 2,334                      | 2,334                        | 0                              |
| 05/11/23 S                   | 11,100                        | 1.000                  | 0                            | 11,100                     | 11,100                       | 0                              |
| 06/02/23 S                   | 200,000                       | 1.000                  | 0                            | 200,000                    | 200,000                      | 0                              |
| 06/06/23 S                   | 1,564                         | 1.000                  | 0                            | 1,564                      | 1,564                        | 0                              |
| 06/07/23 S                   | 1,608                         | 1.000                  | 0                            | 1,608                      | 1,608                        | 0                              |
| 07/03/23 S                   | 1,560                         | 1.000                  | 0                            | 1,560                      | 1,560                        | 0                              |
| 07/06/23 S                   | 18,750                        | 1.000                  | 0                            | 18,750                     | 18,750                       | 0                              |
| 07/11/23 S                   | 726                           | 1.000                  | 0                            | 726                        | 726                          | 0                              |
| 07/20/23 S                   | 2,862                         | 1.000                  | 0                            | 2,862                      | 2,862                        | 0                              |
| 07/26/23 S                   | 300,000                       | 1.000                  | 0                            | 300,000                    | 300,000                      | 0                              |
| 07/27/23 S                   | 680,000                       | 1.000                  | 0                            | 680,000                    | 680,000                      | 0                              |
| 07/27/23 S                   | 870,000                       | 1.000                  | 0                            | 870,000                    | 870,000                      | 0                              |
| 08/01/23 S                   | 61,110                        | 1.000                  | 0                            | 61,110                     | 61,110                       | 0                              |
| 08/01/23 S                   | 2,743                         | 1.000                  | 0                            | 2,743                      | 2,743                        | 0                              |
| 08/30/23 S                   | 1,560                         | 1.000                  | 0                            | 1,560                      | 1,560                        | 0                              |
| 09/01/23 S                   | 150,000                       | 1.000                  | 0                            | 150,000                    | 150,000                      | 0                              |
| 09/21/23 S                   | 18,750                        | 1.000                  | 0                            | 18,750                     | 18,750                       | 0                              |
| 09/21/23 S                   | 1,504                         | 1.000                  | 0                            | 1,504                      | 1,504                        | 0                              |
| 10/03/23 S                   | 510,000                       | 1.000                  | 0                            | 510,000                    | 510,000                      | 0                              |
| 10/10/23 S                   | 306,740                       | 1.000                  | 0                            | 306,740                    | 306,740                      | 0                              |
| 10/20/23 S                   | 2,846                         | 1.000                  | 0                            | 2,846                      | 2,846                        | 0                              |
| 10/24/23 S                   | 13,700                        | 1.000                  | 0                            | 13,700                     | 13,700                       | 0                              |
| 10/24/23 S                   | 18,000                        | 1.000                  | 0                            | 18,000                     | 18,000                       | 0                              |
| 10/25/23 S                   | 767                           | 1.000                  | 0                            | 767                        | 767                          | 0                              |
| 10/31/23 S                   | 1,556                         | 1.000                  | 0                            | 1,556                      | 1,556                        | 0                              |
| 11/28/23 S                   | 1,556                         | 1.000                  | 0                            | 1,556                      | 1,556                        | 0                              |
| 12/01/23 S                   | 121,220                       | 1.000                  | 0                            | 121,220                    | 121,220                      | 0                              |
| 12/26/23 S                   | 18,750                        | 1.000                  | 0                            | 18,750                     | 18,750                       | 0                              |

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD<br>-----                    | SHARES/<br>PAR VALUE<br>----- | UNIT<br>PRICE<br>----- | EXPENSE<br>INCURRED<br>----- | PRINCIPAL<br>CASH<br>----- | TRANSACTION<br>COST<br>----- | REALIZED<br>GAIN/LOSS<br>----- |
|-------------------------------------------------|-------------------------------|------------------------|------------------------------|----------------------------|------------------------------|--------------------------------|
| SUB-TOTAL OF SALES # 47                         |                               |                        | 0                            | 3,762,209                  | 3,762,209                    | 0                              |
| SUB-TOTAL                                       |                               |                        | 0                            | 7,369,477                  | 7,369,477                    | 0                              |
| ISSUE: 05587K717 - BNY MELLON GLOBAL STOCK FUND |                               |                        |                              |                            |                              |                                |
| 03/28/23 R                                      | 416                           | 21.780                 | 0                            | 9,062-                     | 9,062                        |                                |
| 12/13/23 R                                      | 23,710                        | 20.440                 | 0                            | 484,625-                   | 484,625                      |                                |
| SUB-TOTAL OF REINVS # 2                         |                               |                        | 0                            | 493,687                    | 493,687                      |                                |
| 07/26/23 B                                      | 8,351                         | 23.950                 | 0                            | 200,000-                   | 200,000                      |                                |
| 12/29/23 B                                      | 27,286                        | 20.890                 | 0                            | 570,000-                   | 570,000                      |                                |
| SUB-TOTAL OF BUYS # 2                           |                               |                        | 0                            | 770,000                    | 770,000                      |                                |
| 02/28/23 S                                      | 2,358                         | 21.200                 | 0                            | 50,000                     | 55,166                       | -5,166                         |
| 04/28/23 S                                      | 4,848                         | 22.690                 | 0                            | 110,000                    | 113,374                      | -3,374                         |
| 05/31/23 S                                      | 5,568                         | 22.450                 | 0                            | 125,000                    | 130,211                      | -5,211                         |
| 09/29/23 S                                      | 4,521                         | 22.120                 | 0                            | 100,000                    | 105,871                      | -5,871                         |
| 10/31/23 S                                      | 7,407                         | 21.600                 | 0                            | 160,000                    | 173,472                      | -13,472                        |
| SUB-TOTAL OF SALES # 5                          |                               |                        | 0                            | 545,000                    | 578,094                      | -33,095                        |
| SUB-TOTAL                                       |                               |                        | 0                            | 1,808,687                  | 1,841,781                    | -33,095                        |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.   |                               |                        |                              |                            |                              |                                |
| 02/28/23 B                                      | 5,495                         | 13.649                 | 75,000                       | 75,000-                    | 75,000                       |                                |
| 05/31/23 B                                      | 24,553                        | 13.848                 | 340,000                      | 340,000-                   | 340,000                      |                                |
| 07/26/23 B                                      | 52,624                        | 13.682                 | 720,000                      | 720,000-                   | 720,000                      |                                |
| 08/31/23 B                                      | 11,664                        | 12.860                 | 150,000                      | 150,000-                   | 150,000                      |                                |
| 09/29/23 B                                      | 45,103                        | 11.307                 | 510,000                      | 510,000-                   | 510,000                      |                                |
| SUB-TOTAL OF BUYS # 5                           |                               |                        | 1,795,000                    | 1,795,000                  | 1,795,000                    |                                |
| 01/01/23 S                                      | 6,864                         | 14.570                 | 0                            | 100,000                    | 118,242                      | -18,242                        |
| 03/13/23 S                                      | 29                            | 14.407                 | 0                            | 415                        | 495                          | -80                            |
| 03/15/23 S                                      | 8,331                         | 14.404                 | 0                            | 120,000                    | 143,205                      | -23,205                        |
| 04/28/23 S                                      | 6,231                         | 14.443                 | 0                            | 90,000                     | 107,114                      | -17,114                        |
| 05/30/23 S                                      | 33                            | 13.677                 | 0                            | 457                        | 575                          | -117                           |

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
 ACCOUNT NUMBER 26020300

| SERIES / BY ISSUE            |                               |                        |                              |                            |                              |                                |
|------------------------------|-------------------------------|------------------------|------------------------------|----------------------------|------------------------------|--------------------------------|
| DATE<br>BOUGHT/SOLD<br>----- | SHARES/<br>PAR VALUE<br>----- | UNIT<br>PRICE<br>----- | EXPENSE<br>INCURRED<br>----- | PRINCIPAL<br>CASH<br>----- | TRANSACTION<br>COST<br>----- | REALIZED<br>GAIN/LOSS<br>----- |
| 09/11/23 S                   | 37                            | 12.295                 | 0                            | 451                        | 611                          | -160                           |
| 11/30/23 S                   | 7,150                         | 11.888                 | 0                            | 85,000                     | 116,359                      | -31,359                        |
| 12/27/23 S                   | 32                            | 13.704                 | 0                            | 444                        | 527                          | -83                            |
| 12/29/23 S                   | 55,425                        | 13.532                 | 0                            | 750,000                    | 901,946                      | -151,946                       |
|                              |                               |                        | -----                        | -----                      | -----                        | -----                          |
| SUB-TOTAL OF SALES # 9       |                               |                        | 0                            | 1,146,767                  | 1,389,074                    | -242,306                       |
|                              |                               |                        | -----                        | -----                      | -----                        | -----                          |
| SUB-TOTAL                    |                               |                        | 1,795,000                    | 2,941,767                  | 3,184,074                    | -242,306                       |
|                              |                               |                        | -----                        | -----                      | -----                        | -----                          |
| GRAND TOTAL                  |                               |                        | 1,795,000                    | 12,119,931                 | 12,395,332                   | -275,401                       |

F O O T N O T E S  
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\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER  
 FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
 ACCOUNT NUMBER 26020300

| SINGLE / BY BROKER           |                               |                        |                              |                            |                              |                                |
|------------------------------|-------------------------------|------------------------|------------------------------|----------------------------|------------------------------|--------------------------------|
| DATE<br>BOUGHT/SOLD<br>----- | SHARES/<br>PAR VALUE<br>----- | UNIT<br>PRICE<br>----- | EXPENSE<br>INCURRED<br>----- | PRINCIPAL<br>CASH<br>----- | TRANSACTION<br>COST<br>----- | REALIZED<br>GAIN/LOSS<br>----- |
|                              | BEGINNING MARKET VALUE        |                        | 23,036,164.70                |                            |                              |                                |
|                              | COMPARATIVE VALUE (5%)        |                        | 1,151,808.23                 |                            |                              |                                |
|                              | -----                         |                        | -----                        |                            |                              |                                |

\*\*\* NO TRANSACTIONS QUALIFIED FOR THIS REPORT \*\*\*

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, 2023 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     | -                         | 8<br>(*)  | -         | -        | -        | -        | -         | -        | -        | -        |
| 25 to 29     | 1<br>(*)                  | 17<br>(*) | 11<br>(*) | -        | -        | -        | -         | -        | -        | -        |
| 30 to 34     | 4<br>(*)                  | 25<br>(*) | 19<br>(*) | 6<br>(*) |          | -        | -         | -        | -        | -        |
| 35 to 39     | 1<br>(*)                  | 11<br>(*) | 10<br>(*) | 8<br>(*) | 1<br>(*) | -        | -         | -        | -        | -        |
| 40 to 44     | 1<br>(*)                  | 6<br>(*)  | 9<br>(*)  | 8<br>(*) | 2<br>(*) | 1<br>(*) | -         | -        | -        | -        |
| 45 to 49     | -                         | 11<br>(*) | 13<br>(*) | 8<br>(*) | 4<br>(*) | 7<br>(*) | 1<br>(*)  | 1<br>(*) | -        | -        |
| 50 to 54     | -                         | 4<br>(*)  | 11<br>(*) | 8<br>(*) | 8<br>(*) | 9<br>(*) | 8<br>(*)  | 3<br>(*) | -        | -        |
| 55 to 59     | -                         | 1<br>(*)  | 2<br>(*)  | 3<br>(*) | 8<br>(*) | 3<br>(*) | 12<br>(*) | 8<br>(*) | 1<br>(*) | -        |
| 60 to 64     | 1<br>(*)                  | 2<br>(*)  | 3<br>(*)  | 6<br>(*) | 1<br>(*) | 3<br>(*) | 7<br>(*)  | 7<br>(*) | 1<br>(*) | 2<br>(*) |
| 65 to 69     | -                         | -         | -         | -        | 1<br>(*) | 1<br>(*) | 1<br>(*)  | -        | -        | 1<br>(*) |
| 70 & up      | -                         | -         | -         | -        | -        | -        | -         | -        | -        | 1<br>(*) |

\* 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

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Minimum Funding Annual Interest Rates</b>    | <p>24-month segment rates averaged through the end of August 2022 and published in September 2022 (as prescribed by IRC 430) and adjusted to reflect ARPA:</p> <ul style="list-style-type: none"> <li>Segment 1 (0 – 5 years) 4.75%</li> <li>Segment 2 (5 to 20 years) 5.00%</li> <li>Segment 3 (more than 20 years) 5.74%</li> <li>Effective Interest Rate 5.37%</li> </ul>            |
| <b>Maximum Deductible Annual Interest Rates</b> | <p>24-month segment rates averaged through the end of August 2022 and published in September 2022 (as prescribed by IRC 430) as follows:</p> <ul style="list-style-type: none"> <li>Segment 1 (0 – 5 years) 1.41%</li> <li>Segment 2 (5 to 20 years) 3.09%</li> <li>Segment 3 (more than 20 years) 3.58%</li> <li>Effective Interest Rate 3.35%</li> </ul>                              |
| <b>Annual Expected Return on Assets</b>         | <p>Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 5.50%</p> <p>Rationale: as selected by the Plan Sponsor</p>                                                                                                                                                                                                                                    |
| <b>PBGC Annual Interest Rates</b>               | <p>24-month segment rates averaged through the end of August 2022 and published in September 2022 using the Alternative Method (as prescribed by IRC 430) as follows:</p> <ul style="list-style-type: none"> <li>Segment 1 (0 – 5 years) 1.41%</li> <li>Segment 2 (5 to 20 years) 3.09%</li> <li>Segment 3 (more than 20 years) 3.58%</li> <li>Effective Interest Rate 3.35%</li> </ul> |
| <b>Salary Scale</b>                             | Not applicable                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Mortality</b>                                | <p>Funding: Mortality as provided in Notice 2022-22, 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

Pure Unit Credit

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model are checked for accuracy and reviewed for reasonableness.

### Employees Valued

Only participants as of the valuation date were valued.

### Changes in Assumptions and Methods since the Last Actuarial Valuation

The interest rates used for determining the funding target were 4.75%, 5.18% and 5.92%. These rates were updated to the rates required for the current plan year.

The mortality table for the funding target was changed as required under PPA '06.

### 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."

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

| DATE<br>BOUGHT/SOLD                  | SHARES/<br>PAR VALUE   | UNIT<br>PRICE  | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|--------------------------------------|------------------------|----------------|---------------------|-------------------|---------------------|-----------------------|
|                                      | BEGINNING MARKET VALUE |                | 23,036,164.70       |                   |                     |                       |
|                                      | COMPARATIVE VALUE (5%) |                | 1,151,808.23        |                   |                     |                       |
| -----                                |                        |                |                     |                   |                     |                       |
| ISSUE: VP4560000 - ALLSPRING GOVT MM |                        | FD-INSTL #1751 |                     |                   |                     |                       |
| 07/21/23 B                           | 2,000,000              | 1.000          | 0                   | 2,000,000-*       | 2,000,000           |                       |
| GRAND TOTAL                          |                        |                |                     |                   |                     |                       |
|                                      |                        |                | 0                   | 2,000,000         | 2,000,000           | 0                     |

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, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN

ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD    | SHARES/<br>PAR VALUE                   | SERIES / BY BROKER |                     |                   | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|------------------------|----------------------------------------|--------------------|---------------------|-------------------|---------------------|-----------------------|
|                        |                                        | UNIT<br>PRICE      | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH |                     |                       |
| BEGINNING MARKET VALUE |                                        |                    |                     |                   |                     |                       |
| COMPARATIVE VALUE (5%) |                                        |                    |                     |                   |                     |                       |
| -----                  |                                        |                    |                     |                   |                     |                       |
| BROKER: MISCELLANEOUS  |                                        |                    |                     |                   |                     |                       |
| ISSUE: 781999438       | - STATE STREET 20+ YEAR U.S.           |                    |                     |                   |                     |                       |
| 01/01/23 S             | 6,864                                  | 14.570             | 0                   | 100,000           | 118,242             | -18,242               |
| ISSUE: 628999427       | - PRUDENTIAL TRUST COMPANY U.S.        |                    |                     |                   |                     |                       |
| 01/31/23 S             | 793                                    | 2.030              | 0                   | 1,611             | 1,921               | -310                  |
| ISSUE: 657999512       | - SSGA MSCI ACWI IMI INDEX NON-LENDING |                    |                     |                   |                     |                       |
| 02/08/23 B             | 2,463                                  | 40.595             | 100,000             | 100,000-          | 100,000             |                       |
| ISSUE: 781999438       | - STATE STREET 20+ YEAR U.S.           |                    |                     |                   |                     |                       |
| 02/28/23 B             | 5,495                                  | 13.649             | 75,000              | 75,000-           | 75,000              |                       |
| ISSUE: 657999512       | - SSGA MSCI ACWI IMI INDEX NON-LENDING |                    |                     |                   |                     |                       |
| 03/13/23 S             | 6                                      | 38.296             | 0                   | 222               | 205                 | 16                    |
| ISSUE: 781999438       | - STATE STREET 20+ YEAR U.S.           |                    |                     |                   |                     |                       |
| 03/13/23 S             | 29                                     | 14.407             | 0                   | 415               | 495                 | -80                   |
| ISSUE: 657999512       | - SSGA MSCI ACWI IMI INDEX NON-LENDING |                    |                     |                   |                     |                       |
| 03/15/23 B             | 3,146                                  | 38.146             | 120,000             | 120,000-          | 120,000             |                       |
| ISSUE: 781999438       | - STATE STREET 20+ YEAR U.S.           |                    |                     |                   |                     |                       |
| 03/15/23 S             | 8,331                                  | 14.404             | 0                   | 120,000           | 143,205             | -23,205               |
| ISSUE: 628999427       | - PRUDENTIAL TRUST COMPANY U.S.        |                    |                     |                   |                     |                       |
| 04/04/23 S             | 785                                    | 2.132              | 0                   | 1,673             | 1,920               | -247                  |
| ISSUE: 657999512       | - SSGA MSCI ACWI IMI INDEX NON-LENDING |                    |                     |                   |                     |                       |
| 04/28/23 B             | 2,449                                  | 40.834             | 100,000             | 100,000-          | 100,000             |                       |
| ISSUE: MS6912823       | - CASH HELD AT SSGA                    |                    |                     |                   |                     |                       |
| 04/28/23 B             | 90,000                                 | 1.000              | 90,000              | 90,000-           | 90,000              |                       |
| ISSUE: 628999427       | - PRUDENTIAL TRUST COMPANY U.S.        |                    |                     |                   |                     |                       |
| 04/28/23 S             | 39,918                                 | 2.129              | 0                   | 85,000            | 97,657              | -12,657               |
| ISSUE: 781999438       | - STATE STREET 20+ YEAR U.S.           |                    |                     |                   |                     |                       |
| 04/28/23 S             | 6,231                                  | 14.443             | 0                   | 90,000            | 107,114             | -17,114               |
| ISSUE: 956990AG0       | - CASH HELD AT OUTSIDE FUND            |                    |                     |                   |                     |                       |
| 04/28/23 B             | 85,000                                 | 1.000              | 85,000              | 85,000-           | 85,000              |                       |
| ISSUE: MS6912823       | - CASH HELD AT SSGA                    |                    |                     |                   |                     |                       |
| 05/01/23 S             | 90,000                                 | 1.000              | 0                   | 90,000            | 90,000              | 0                     |
| ISSUE: 956990AG0       | - CASH HELD AT OUTSIDE FUND            |                    |                     |                   |                     |                       |
| 05/01/23 S             | 85,000                                 | 1.000              | 0                   | 85,000            | 85,000              | 0                     |
| ISSUE: 657999512       | - SSGA MSCI ACWI IMI INDEX NON-LENDING |                    |                     |                   |                     |                       |
| 05/30/23 S             | 6                                      | 40.733             | 0                   | 234               | 206                 | 29                    |

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
 FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
 ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD                                     | SHARES/<br>PAR VALUE | SERIES / BY BROKER |                     | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|---------------------------------------------------------|----------------------|--------------------|---------------------|-------------------|---------------------|-----------------------|
|                                                         |                      | UNIT<br>PRICE      | EXPENSE<br>INCURRED |                   |                     |                       |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                      |                    |                     |                   |                     |                       |
| 05/30/23 S                                              | 33                   | 13.677             | 0                   | 457               | 575                 | -117                  |
| ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING |                      |                    |                     |                   |                     |                       |
| 05/31/23 S                                              | 3,469                | 40.360             | 0                   | 140,000           | 123,886             | 16,114                |
| ISSUE: MS6912823 - CASH HELD AT SSGA                    |                      |                    |                     |                   |                     |                       |
| 05/31/23 B                                              | 140,000              | 1.000              | 140,000             | 140,000-          | 140,000             |                       |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                      |                    |                     |                   |                     |                       |
| 05/31/23 B                                              | 24,553               | 13.848             | 340,000             | 340,000-          | 340,000             |                       |
| ISSUE: MS6912823 - CASH HELD AT SSGA                    |                      |                    |                     |                   |                     |                       |
| 06/05/23 S                                              | 140,000              | 1.000              | 0                   | 140,000           | 140,000             | 0                     |
| ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.        |                      |                    |                     |                   |                     |                       |
| 07/05/23 S                                              | 797                  | 2.080              | 0                   | 1,658             | 1,938               | -280                  |
| ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING |                      |                    |                     |                   |                     |                       |
| 07/26/23 B                                              | 3,406                | 44.037             | 150,000             | 150,000-          | 150,000             |                       |
| ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.        |                      |                    |                     |                   |                     |                       |
| 07/26/23 B                                              | 142,237              | 2.109              | 300,000             | 300,000-          | 300,000             |                       |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                      |                    |                     |                   |                     |                       |
| 07/26/23 B                                              | 52,624               | 13.682             | 720,000             | 720,000-          | 720,000             |                       |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                      |                    |                     |                   |                     |                       |
| 08/31/23 B                                              | 11,664               | 12.860             | 150,000             | 150,000-          | 150,000             |                       |
| ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING |                      |                    |                     |                   |                     |                       |
| 09/11/23 S                                              | 6                    | 42.832             | 0                   | 255               | 214                 | 40                    |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                      |                    |                     |                   |                     |                       |
| 09/11/23 S                                              | 37                   | 12.295             | 0                   | 451               | 611                 | -160                  |
| ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING |                      |                    |                     |                   |                     |                       |
| 09/29/23 S                                              | 4,843                | 41.300             | 0                   | 200,000           | 174,577             | 25,423                |
| ISSUE: MS6912823 - CASH HELD AT SSGA                    |                      |                    |                     |                   |                     |                       |
| 09/29/23 B                                              | 200,000              | 1.000              | 200,000             | 200,000-          | 200,000             |                       |
| ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.        |                      |                    |                     |                   |                     |                       |
| 09/29/23 S                                              | 51,205               | 1.953              | 0                   | 100,000           | 125,367             | -25,367               |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                      |                    |                     |                   |                     |                       |
| 09/29/23 B                                              | 45,103               | 11.307             | 510,000             | 510,000-          | 510,000             |                       |
| ISSUE: 956990AG0 - CASH HELD AT OUTSIDE FUND            |                      |                    |                     |                   |                     |                       |
| 09/29/23 B                                              | 100,000              | 1.000              | 100,000             | 100,000-          | 100,000             |                       |
| ISSUE: 956990AG0 - CASH HELD AT OUTSIDE FUND            |                      |                    |                     |                   |                     |                       |
| 10/02/23 S                                              | 100,000              | 1.000              | 0                   | 100,000           | 100,000             | 0                     |
| ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.        |                      |                    |                     |                   |                     |                       |
| 10/03/23 S                                              | 47,545               | 1.893              | 0                   | 90,000            | 116,829             | -26,829               |
| ISSUE: 628999427 - PRUDENTIAL TRUST COMPANY U.S.        |                      |                    |                     |                   |                     |                       |
| 10/03/23 S                                              | 932                  | 1.893              | 0                   | 1,764             | 2,290               | -526                  |
| ISSUE: MS6912823 - CASH HELD AT SSGA                    |                      |                    |                     |                   |                     |                       |
| 10/04/23 S                                              | 200,000              | 1.000              | 0                   | 200,000           | 200,000             | 0                     |
| ISSUE: MS6912823 - CASH HELD AT SSGA                    |                      |                    |                     |                   |                     |                       |
| 11/30/23 B                                              | 85,000               | 1.000              | 85,000              | 85,000-           | 85,000              |                       |

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD                                     | SHARES/<br>PAR VALUE | SERIES / BY BROKER |                     |                   |           | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|---------------------------------------------------------|----------------------|--------------------|---------------------|-------------------|-----------|---------------------|-----------------------|
|                                                         |                      | UNIT<br>PRICE      | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH |           |                     |                       |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                      |                    |                     |                   |           |                     |                       |
| 11/30/23 S                                              | 7,150                | 11.888             | 0                   | 85,000            | 116,359   | -31,359             |                       |
| ISSUE: MS6912823 - CASH HELD AT SSGA                    |                      |                    |                     |                   |           |                     |                       |
| 12/01/23 S                                              | 85,000               | 1.000              | 0                   | 85,000            | 85,000    | 0                   |                       |
| ISSUE: 657999512 - SSGA MSCI ACWI IMI INDEX NON-LENDING |                      |                    |                     |                   |           |                     |                       |
| 12/27/23 S                                              | 6                    | 45.972             | 0                   | 268               | 210       | 58                  |                       |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                      |                    |                     |                   |           |                     |                       |
| 12/27/23 S                                              | 32                   | 13.704             | 0                   | 444               | 527       | -83                 |                       |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.           |                      |                    |                     |                   |           |                     |                       |
| 12/29/23 S                                              | 55,425               | 13.532             | 0                   | 750,000           | 901,946   | -151,946            |                       |
| SUB-TOTAL                                               |                      |                    | 3,265,000           | 5,734,452         | 6,001,294 | -266,842            |                       |
| GRAND TOTAL                                             |                      |                    | 3,265,000           | 5,734,452         | 6,001,294 | -266,842            |                       |

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, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD                                 | SHARES/<br>PAR VALUE | SERIES / BY ISSUE |                     |             | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|-----------------------------------------------------|----------------------|-------------------|---------------------|-------------|-------------------|---------------------|-----------------------|
|                                                     |                      | UNIT<br>PRICE     | EXPENSE<br>INCURRED |             |                   |                     |                       |
| ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 |                      |                   |                     |             |                   |                     |                       |
| BEGINNING MARKET VALUE<br>COMPARATIVE VALUE (5%)    |                      |                   |                     |             |                   |                     |                       |
| 01/12/23 B                                          | 1,074                | 1.000             | 0                   | 1,074-      | 1,074             |                     |                       |
| 01/17/23 B                                          | 35                   | 1.000             | 0                   | 35-         | 35                |                     |                       |
| 02/01/23 B                                          | 100,000              | 1.000             | 0                   | 100,000-    | 100,000           |                     |                       |
| 02/09/23 B                                          | 28                   | 1.000             | 0                   | 28-         | 28                |                     |                       |
| 03/01/23 B                                          | 93,535               | 1.000             | 0                   | 93,535-     | 93,535            |                     |                       |
| 03/02/23 B                                          | 22                   | 1.000             | 0                   | 22-         | 22                |                     |                       |
| 03/07/23 B                                          | 2,112                | 1.000             | 0                   | 2,112-      | 2,112             |                     |                       |
| 04/04/23 B                                          | 12                   | 1.000             | 0                   | 12-         | 12                |                     |                       |
| 05/01/23 B                                          | 75,000               | 1.000             | 0                   | 75,000-     | 75,000            |                     |                       |
| 05/02/23 B                                          | 10                   | 1.000             | 0                   | 10-         | 10                |                     |                       |
| 06/01/23 B                                          | 184,482              | 1.000             | 0                   | 184,482-    | 184,482           |                     |                       |
| 06/16/23 B                                          | 8                    | 1.000             | 0                   | 8-          | 8                 |                     |                       |
| 07/03/23 B                                          | 12,231               | 1.000             | 0                   | 12,231-     | 12,231            |                     |                       |
| 07/05/23 B                                          | 10                   | 1.000             | 0                   | 10-         | 10                |                     |                       |
| 07/21/23 B                                          | 2,000,000            | 1.000             | 0                   | 2,000,000-* | 2,000,000         |                     |                       |
| 08/02/23 B                                          | 8                    | 1.000             | 0                   | 8-          | 8                 |                     |                       |
| 09/01/23 B                                          | 87,555               | 1.000             | 0                   | 87,555-     | 87,555            |                     |                       |
| 09/05/23 B                                          | 55                   | 1.000             | 0                   | 55-         | 55                |                     |                       |
| 10/02/23 B                                          | 287,232              | 1.000             | 0                   | 287,232-    | 287,232           |                     |                       |
| 10/02/23 B                                          | 100,000              | 1.000             | 0                   | 100,000-    | 100,000           |                     |                       |
| 10/02/23 B                                          | 200,000              | 1.000             | 0                   | 200,000-    | 200,000           |                     |                       |
| 10/03/23 B                                          | 17                   | 1.000             | 0                   | 17-         | 17                |                     |                       |
| 10/04/23 B                                          | 190,000              | 1.000             | 0                   | 190,000-    | 190,000           |                     |                       |
| 10/05/23 B                                          | 90,000               | 1.000             | 0                   | 90,000-     | 90,000            |                     |                       |
| 11/01/23 B                                          | 96,923               | 1.000             | 0                   | 96,923-     | 96,923            |                     |                       |
| 11/02/23 B                                          | 9                    | 1.000             | 0                   | 9-          | 9                 |                     |                       |
| 11/02/23 B                                          | 1,889                | 1.000             | 0                   | 1,889-      | 1,889             |                     |                       |
| 12/01/23 B                                          | 85,000               | 1.000             | 0                   | 85,000-     | 85,000            |                     |                       |
| 12/04/23 B                                          | 21                   | 1.000             | 0                   | 21-         | 21                |                     |                       |
| SUB-TOTAL OF BUYS                                   |                      |                   |                     | # 29        | 3,607,268         | 3,607,268           |                       |
| 01/03/23 S                                          | 55,070               | 1.000             | 0                   | 55,070      | 55,070            | 0                   |                       |
| 01/06/23 S                                          | 2,486                | 1.000             | 0                   | 2,486       | 2,486             | 0                   |                       |
| 01/18/23 S                                          | 2,194                | 1.000             | 0                   | 2,194       | 2,194             | 0                   |                       |

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
 ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD | SERIES / BY ISSUE    |               |                     |  | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|---------------------|----------------------|---------------|---------------------|--|-------------------|---------------------|-----------------------|
|                     | SHARES/<br>PAR VALUE | UNIT<br>PRICE | EXPENSE<br>INCURRED |  |                   |                     |                       |
| 01/19/23            | 690                  | 1.000         | 0                   |  | 690               | 690                 | 0                     |
| 01/20/23            | 2,682                | 1.000         | 0                   |  | 2,682             | 2,682               | 0                     |
| 02/01/23            | 105,205              | 1.000         | 0                   |  | 105,205           | 105,205             | 0                     |
| 02/02/23            | 2,842                | 1.000         | 0                   |  | 2,842             | 2,842               | 0                     |
| 02/09/23            | 100,000              | 1.000         | 0                   |  | 100,000           | 100,000             | 0                     |
| 02/22/23            | 1,074                | 1.000         | 0                   |  | 1,074             | 1,074               | 0                     |
| 02/27/23            | 3,242                | 1.000         | 0                   |  | 3,242             | 3,242               | 0                     |
| 03/01/23            | 93,750               | 1.000         | 0                   |  | 93,750            | 93,750              | 0                     |
| 03/15/23            | 1,767                | 1.000         | 0                   |  | 1,767             | 1,767               | 0                     |
| 04/03/23            | 6,179                | 1.000         | 0                   |  | 6,179             | 6,179               | 0                     |
| 04/03/23            | 1,592                | 1.000         | 0                   |  | 1,592             | 1,592               | 0                     |
| 04/05/23            | 6,468                | 1.000         | 0                   |  | 6,468             | 6,468               | 0                     |
| 04/06/23            | 1,588                | 1.000         | 0                   |  | 1,588             | 1,588               | 0                     |
| 04/20/23            | 2,815                | 1.000         | 0                   |  | 2,815             | 2,815               | 0                     |
| 04/25/23            | 670                  | 1.000         | 0                   |  | 670               | 670                 | 0                     |
| 05/01/23            | 50,589               | 1.000         | 0                   |  | 50,589            | 50,589              | 0                     |
| 05/04/23            | 2,334                | 1.000         | 0                   |  | 2,334             | 2,334               | 0                     |
| 05/11/23            | 11,100               | 1.000         | 0                   |  | 11,100            | 11,100              | 0                     |
| 06/02/23            | 200,000              | 1.000         | 0                   |  | 200,000           | 200,000             | 0                     |
| 06/06/23            | 1,564                | 1.000         | 0                   |  | 1,564             | 1,564               | 0                     |
| 06/07/23            | 1,608                | 1.000         | 0                   |  | 1,608             | 1,608               | 0                     |
| 07/03/23            | 1,560                | 1.000         | 0                   |  | 1,560             | 1,560               | 0                     |
| 07/06/23            | 18,750               | 1.000         | 0                   |  | 18,750            | 18,750              | 0                     |
| 07/11/23            | 726                  | 1.000         | 0                   |  | 726               | 726                 | 0                     |
| 07/20/23            | 2,862                | 1.000         | 0                   |  | 2,862             | 2,862               | 0                     |
| 07/26/23            | 300,000              | 1.000         | 0                   |  | 300,000           | 300,000             | 0                     |
| 07/27/23            | 680,000              | 1.000         | 0                   |  | 680,000           | 680,000             | 0                     |
| 07/27/23            | 870,000              | 1.000         | 0                   |  | 870,000           | 870,000             | 0                     |
| 08/01/23            | 61,110               | 1.000         | 0                   |  | 61,110            | 61,110              | 0                     |
| 08/01/23            | 2,743                | 1.000         | 0                   |  | 2,743             | 2,743               | 0                     |
| 08/30/23            | 1,560                | 1.000         | 0                   |  | 1,560             | 1,560               | 0                     |
| 09/01/23            | 150,000              | 1.000         | 0                   |  | 150,000           | 150,000             | 0                     |
| 09/21/23            | 18,750               | 1.000         | 0                   |  | 18,750            | 18,750              | 0                     |
| 09/21/23            | 1,504                | 1.000         | 0                   |  | 1,504             | 1,504               | 0                     |
| 10/03/23            | 510,000              | 1.000         | 0                   |  | 510,000           | 510,000             | 0                     |
| 10/10/23            | 306,740              | 1.000         | 0                   |  | 306,740           | 306,740             | 0                     |
| 10/20/23            | 2,846                | 1.000         | 0                   |  | 2,846             | 2,846               | 0                     |
| 10/24/23            | 13,700               | 1.000         | 0                   |  | 13,700            | 13,700              | 0                     |
| 10/24/23            | 18,000               | 1.000         | 0                   |  | 18,000            | 18,000              | 0                     |
| 10/25/23            | 767                  | 1.000         | 0                   |  | 767               | 767                 | 0                     |
| 10/31/23            | 1,556                | 1.000         | 0                   |  | 1,556             | 1,556               | 0                     |
| 11/28/23            | 1,556                | 1.000         | 0                   |  | 1,556             | 1,556               | 0                     |
| 12/01/23            | 121,220              | 1.000         | 0                   |  | 121,220           | 121,220             | 0                     |
| 12/26/23            | 18,750               | 1.000         | 0                   |  | 18,750            | 18,750              | 0                     |

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
 ACCOUNT NUMBER 26020300

|                                                 |                      | SERIES / BY ISSUE |                     |                   |                     |                       |  |  |
|-------------------------------------------------|----------------------|-------------------|---------------------|-------------------|---------------------|-----------------------|--|--|
| DATE                                            | SHARES/<br>PAR VALUE | UNIT<br>PRICE     | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |  |  |
| BOUGHT/SOLD                                     |                      |                   |                     |                   |                     |                       |  |  |
| ISSUE: 05587K717 - BNY MELLON GLOBAL STOCK FUND |                      |                   |                     |                   |                     |                       |  |  |
| 03/28/23 R                                      | 416                  | 21.780            | 0                   | 9,062             | 9,062               |                       |  |  |
| 12/13/23 R                                      | 23,710               | 20.440            | 0                   | 484,625           | 484,625             |                       |  |  |
| SUB-TOTAL OF REINVS # 2                         |                      |                   |                     |                   |                     |                       |  |  |
| 07/26/23 B                                      | 8,351                | 23.950            | 0                   | 493,687           | 493,687             |                       |  |  |
| 12/29/23 B                                      | 27,286               | 20.890            | 0                   | 200,000           | 200,000             |                       |  |  |
| SUB-TOTAL OF BUYS # 2                           |                      |                   |                     |                   |                     |                       |  |  |
| 02/28/23 S                                      | 2,358                | 21.200            | 0                   | 50,000            | 55,166              | -5,166                |  |  |
| 04/28/23 S                                      | 4,848                | 22.690            | 0                   | 110,000           | 113,374             | -3,374                |  |  |
| 05/31/23 S                                      | 5,568                | 22.450            | 0                   | 125,000           | 130,211             | -5,211                |  |  |
| 09/29/23 S                                      | 4,521                | 22.120            | 0                   | 100,000           | 105,871             | -5,871                |  |  |
| 10/31/23 S                                      | 7,407                | 21.600            | 0                   | 160,000           | 173,472             | -13,472               |  |  |
| SUB-TOTAL OF SALES # 5                          |                      |                   |                     |                   |                     |                       |  |  |
|                                                 |                      |                   | 0                   | 545,000           | 578,094             | -33,095               |  |  |
| SUB-TOTAL                                       |                      |                   |                     |                   |                     |                       |  |  |
|                                                 |                      |                   | 0                   | 1,808,687         | 1,841,781           | -33,095               |  |  |
| ISSUE: 781999438 - STATE STREET 20+ YEAR U.S.   |                      |                   |                     |                   |                     |                       |  |  |
| 02/28/23 B                                      | 5,495                | 13.649            | 75,000              | 75,000            | 75,000              |                       |  |  |
| 05/31/23 B                                      | 24,553               | 13.848            | 340,000             | 340,000           | 340,000             |                       |  |  |
| 07/26/23 B                                      | 52,624               | 13.682            | 720,000             | 720,000           | 720,000             |                       |  |  |
| 08/31/23 B                                      | 11,664               | 12.860            | 150,000             | 150,000           | 150,000             |                       |  |  |
| 09/29/23 B                                      | 45,103               | 11.307            | 510,000             | 510,000           | 510,000             |                       |  |  |
| SUB-TOTAL OF BUYS # 5                           |                      |                   |                     |                   |                     |                       |  |  |
|                                                 |                      |                   | 1,795,000           | 1,795,000         | 1,795,000           |                       |  |  |
| 01/01/23 S                                      | 6,864                | 14.570            | 0                   | 100,000           | 118,242             | -18,242               |  |  |
| 03/13/23 S                                      | 29                   | 14.407            | 0                   | 415               | 495                 | -80                   |  |  |
| 03/15/23 S                                      | 8,331                | 14.404            | 0                   | 120,000           | 143,205             | -23,205               |  |  |
| 04/28/23 S                                      | 6,231                | 14.443            | 0                   | 90,000            | 107,114             | -17,114               |  |  |
| 05/30/23 S                                      | 33                   | 13.677            | 0                   | 457               | 575                 | -117                  |  |  |

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

INGEVITY CORP RETIREMENT PLAN  
ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD    | SHARES/<br>PAR VALUE | SERIES / BY ISSUE |                     |                   |            | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|------------------------|----------------------|-------------------|---------------------|-------------------|------------|---------------------|-----------------------|
|                        |                      | UNIT<br>PRICE     | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH |            |                     |                       |
| 09/11/23 S             | 37                   | 12.295            | 0                   | 451               | 611        | -160                |                       |
| 11/30/23 S             | 7,150                | 11.888            | 0                   | 85,000            | 116,359    | -31,359             |                       |
| 12/27/23 S             | 32                   | 13.704            | 0                   | 444               | 527        | -83                 |                       |
| 12/29/23 S             | 55,425               | 13.532            | 0                   | 750,000           | 901,946    | -151,946            |                       |
| SUB-TOTAL OF SALES # 9 |                      |                   | 0                   | 1,146,767         | 1,389,074  | -242,306            |                       |
| SUB-TOTAL              |                      |                   | 1,795,000           | 2,941,767         | 3,184,074  | -242,306            |                       |
| GRAND TOTAL            |                      |                   | 1,795,000           | 12,119,931        | 12,395,332 | -275,401            |                       |

FOOTNOTES

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

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER      INGEVITY CORP RETIREMENT PLAN  
FOR THE PERIOD JANUARY 1, 2023 THROUGH DECEMBER 31, 2023      ACCOUNT NUMBER 26020300

| DATE<br>BOUGHT/SOLD<br>----- | SHARES/<br>PAR VALUE<br>----- | SINGLE / BY BROKER     |                              | PRINCIPAL<br>CASH<br>----- | TRANSACTION<br>COST<br>----- | REALIZED<br>GAIN/LOSS<br>----- |
|------------------------------|-------------------------------|------------------------|------------------------------|----------------------------|------------------------------|--------------------------------|
|                              |                               | UNIT<br>PRICE<br>----- | EXPENSE<br>INCURRED<br>----- |                            |                              |                                |
|                              |                               |                        | 23,036,164.70                |                            |                              |                                |
|                              |                               |                        | 1,151,808.23                 |                            |                              |                                |
|                              |                               |                        | -----                        |                            |                              |                                |
|                              | BEGINNING MARKET VALUE        |                        |                              |                            |                              |                                |
|                              | COMPARATIVE VALUE (5%)        |                        |                              |                            |                              |                                |
|                              | -----                         |                        |                              |                            |                              |                                |

\*\*\* NO TRANSACTIONS QUALIFIED FOR THIS REPORT \*\*\*

F O O T N O T E S  
-----

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>Ingevity Corporation Retirement Plan for Bargained Hourly Employees                                              | <b>B</b> Three-digit plan number (PN) ▶ 002                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Ingevity Corporation                                          | <b>D</b> Employer Identification Number (EIN)<br>47-4027764                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                                    |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> 24,006,855                                                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> 26,407,543                                                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                               |
|                                                                                                                                                                                                                 | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 39 8,521,250 8,521,250                                                        |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 48 1,794,612 1,794,612                                                        |
| <b>c</b> For active participants.....                                                                                                                                                                           | 321 16,073,234 17,616,860                                                     |
| <b>d</b> Total .....                                                                                                                                                                                            | 408 26,389,096 27,932,722                                                     |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> 5.37%                                                                |
| <b>6</b> Target normal cost                                                                                                                                                                                     |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> 691,177                                                             |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> 405,931                                                             |
| <b>c</b> Target normal cost.....                                                                                                                                                                                | <b>6c</b> 1,097,108                                                           |

**Statement by Enrolled Actuary**

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

|                                                                               |                                 |                                        |
|-------------------------------------------------------------------------------|---------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                              | <b>Debbie Sichko</b> <i>DPS</i> | <b>10/14/2024</b>                      |
|                                                                               | Signature of actuary            | Date                                   |
| <b>DEBBIE P. SICHKO, E.A., F.S.A.</b>                                         |                                 | <b>2307411</b>                         |
|                                                                               | Type or print name of actuary   | Most recent enrollment number          |
| <b>USI Consulting Group</b>                                                   |                                 | <b>216-343-0225</b>                    |
|                                                                               | Firm name                       | Telephone number (including area code) |
| <b>1001 Lakeside Avenue</b><br><b>SUITE 1200</b><br><b>CLEVELAND OH 44114</b> |                                 |                                        |
|                                                                               | Address of the firm             |                                        |

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

| Part II |                                                                                                                                                               | Beginning of Year Carryover and Prefunding Balances |                        |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|
|         |                                                                                                                                                               | (a) Carryover balance                               | (b) Prefunding balance |
| 7       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                               | 0                                                   | 1,602,443              |
| 8       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                            | 0                                                   | 0                      |
| 9       | Amount remaining (line 7 minus line 8) .....                                                                                                                  | 0                                                   | 1,602,443              |
| 10      | Interest on line 9 using prior year's actual return of <u>-24.96</u> % .....                                                                                  | 0                                                   | -399,970               |
| 11      | Prior year's excess contributions to be added to prefunding balance:                                                                                          |                                                     |                        |
|         | a Present value of excess contributions (line 38a from prior year) .....                                                                                      |                                                     | 919,652                |
|         | 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>5.55</u> % ..... |                                                     | 51,041                 |
|         | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                     | 0                      |
|         | c Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                                                     | 970,693                |
|         | 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                                                   | 1,202,473              |

| Part III |                                                                                                                                                                  | Funding Percentages |          |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| 14       | Funding target attainment percentage .....                                                                                                                       | 14                  | 90.23 %  |
| 15       | Adjusted funding target attainment percentage .....                                                                                                              | 15                  | 90.23 %  |
| 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                  | 113.69 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees        | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 07/21/2023                                                                        | 1,000,000                         | 0                                      |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                   |                                   |                                        | <b>18(b)</b>             | 1,000,000                         | <b>18(c)</b>                    |
|                                                                                   |                                   |                                        |                          |                                   | 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 .....                                 |         | <b>19a</b> | 0                                                                   |
| b Contributions made to avoid restrictions adjusted to valuation date. ....                                                   |         | <b>19b</b> | 0                                                                   |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....              |         | <b>19c</b> | 971,606                                                             |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |         |            |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           |         |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              |         |            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 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                                                             |
|                                                                                                                               |         |            |                                                                     |

|                  |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part V</b>    | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>21</b>        | Discount rate:                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Segment rates:                                                                                                                                                                                                                                                                              | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">1st segment:<br/>4.75 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2nd segment:<br/>5.00 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">3rd segment:<br/>5.74 %</div> </div> | <input type="checkbox"/> N/A, full yield curve used                 |
| <b>b</b>         | Applicable month (enter code).....                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                      | <b>21b</b> 4                                                        |
| <b>22</b>        | Weighted average retirement age .....                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      | <b>22</b> 62                                                        |
| <b>23</b>        | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>Part VI</b>   | <b>Miscellaneous Items</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>24</b>        | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                            |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>25</b>        | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>26</b>        | Demographic and benefit information                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>         | Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b>        | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      | <b>27</b>                                                           |
| <b>Part VII</b>  | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>28</b>        | Unpaid minimum required contributions for all prior years.....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      | <b>28</b> 0                                                         |
| <b>29</b>        | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      | <b>29</b> 0                                                         |
| <b>30</b>        | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                      | <b>30</b> 0                                                         |
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>31</b>        | Target normal cost and excess assets (see instructions):                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Target normal cost (line 6c).....                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      | <b>31a</b> 1,097,108                                                |
| <b>b</b>         | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      | <b>31b</b> 0                                                        |
| <b>32</b>        | Amortization installments:                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Net shortfall amortization installment .....                                                                                                                                                                                                                                                | Outstanding Balance<br>2,727,652                                                                                                                                                                                                                                                                                                                                                     | Installment<br>249,800                                              |
| <b>b</b>         | Waiver amortization installment .....                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                   |
| <b>33</b>        | If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      | <b>33</b>                                                           |
| <b>34</b>        | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                      | <b>34</b> 1,346,908                                                 |
|                  | Carryover balance                                                                                                                                                                                                                                                                           | Prefunding balance                                                                                                                                                                                                                                                                                                                                                                   | Total balance                                                       |
| <b>35</b>        | Balances elected for use to offset funding requirement.....                                                                                                                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                    | 375,302                                                             |
| <b>36</b>        | Additional cash requirement (line 34 minus line 35) .....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                      | <b>36</b> 971,606                                                   |
| <b>37</b>        | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                      | <b>37</b> 971,606                                                   |
| <b>38</b>        | Present value of excess contributions for current year (see instructions)                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Total (excess, if any, of line 37 over line 36)                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      | <b>38a</b> 0                                                        |
| <b>b</b>         | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                      | <b>38b</b>                                                          |
| <b>39</b>        | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      | <b>39</b> 0                                                         |
| <b>40</b>        | Unpaid minimum required contributions for all years.....                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                      | <b>40</b> 0                                                         |
| <b>Part IX</b>   | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>41</b>        | If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |

Schedule SB, line 22 – Description of Weighted Average Retirement Age  
Ingevity Corporation – Retirement Plan for Bargained Hourly Employees  
January 1, 2023 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 September 1, 2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |  |                       |            |                     |         |                     |         |                     |         |                     |         |                     |         |                     |         |                  |         |
| 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> <p>Effective April 15, 2021, participation is closed to entrants in Local 1362.</p> <p>Effective May 1, 2021, participation is closed to entrants in Local 464.</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>4/01/2021-8/30/2022</td><td>\$61.50</td></tr><tr><td>9/01/2022 onward</td><td>\$63.50</td></tr></table> <p>Effective September 1, 2022, accrued benefits are frozen for participants of Local 675 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 | 4/01/2021-8/30/2022 | \$61.50 | 9/01/2022 onward | \$63.50 |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |  |                       |            |                     |         |                     |         |                     |         |                     |         |                     |         |                     |         |                  |         |
| 4/01/2021-8/30/2022            | \$61.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |  |                       |            |                     |         |                     |         |                     |         |                     |         |                     |         |                     |         |                  |         |
| 9/01/2022 onward               | \$63.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |  |                       |            |                     |         |                     |         |                     |         |                     |         |                     |         |                     |         |                  |         |

## Appendix A (Continued)

### Accrued Benefit (Continued)

#### 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    |
| 7/01/2018-12/31/2022  | \$53.50    |
| 1/01/2023 onward      | \$55.50    |

Effective October 31, 2018, accrued benefits are frozen for participants of Local 508 who elected to 'opt-out' of the plan.

#### 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    |
| 7/01/2018-12/31/2022  | \$53.50    |
| 1/01/2023 onward      | \$55.50    |

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 |
|---------------------|------------|
| 5/16/2016-4/30/2021 | \$59.00    |
| 5/1/2021 onward     | \$63.00    |

Effective June 30, 2021 accrued benefits are frozen for participants of Local 464 who elected to 'opt-out' of the plan.

#### Georgia-Pacific, Local 1362

| If Termination Occurs | Multiplier |
|-----------------------|------------|
| 3/8/2018-12/31/2018   | \$39.00    |
| 1/1/2019-12/31/2019   | \$40.00    |
| 1/1/2020-2/28/2021    | \$41.00    |

3/1/2021 onward

\$45.00

## Appendix A (Continued)

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

Effective June 30, 2021 accrued benefits are frozen for participants of Local 1362 who elected 'opt-out' of the plan.

### 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.

### 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 the Normal Retirement Age.

### 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%.

## Appendix A (Continued)

### Benefits Available As Lump Sums

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

### 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 508 was increased effective January 1, 2023.

The benefit rate for Local 183 was increased effective January 1, 2023.

The benefit rate for Local 675 was increased effective September 1, 2022. There was also a window where participants were able to opt-out of the plan.

Participation was frozen to new entrants for Local 675 effective September 1, 2022.

**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, 2023**

| (a) | (b)<br>Identity of Issuer,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral<br>Par or Maturity Value | (d)<br>Cost          | (e)<br>Current<br>Value |
|-----|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
|     | Mutual Funds:                                                      |                                                                                                                       |                      |                         |
|     | Dodge & Cox                                                        | Global Stock Fund                                                                                                     | \$ 2,902,964         | \$ 3,379,164            |
|     | BNY Mellon                                                         | Global Stock Fund                                                                                                     | 4,143,039            | 3,820,225               |
|     | PGIM                                                               | High Yield Fund                                                                                                       | 812,229              | 737,348                 |
|     | Common Collective Trusts:                                          |                                                                                                                       |                      |                         |
|     | Hand                                                               | Composite Employee Benefit TR West Asset Long Duration                                                                | 2,426,853            | 2,626,727               |
|     | Prudential Trust Company                                           | U/S/ Long Duration Corporate Bond                                                                                     | 2,897,392            | 2,604,455               |
|     | SSGA                                                               | MSCI ACWI IMI Index                                                                                                   | 2,873,088            | 3,660,664               |
|     | State Street                                                       | 20+ Year U.S. Treasury Strips Index Non-Lending Fund                                                                  | 9,326,618            | 7,698,791               |
|     | Alternative Funds:                                                 |                                                                                                                       |                      |                         |
|     | Marathon                                                           | Emerging Markets Bond Fund                                                                                            | 1,170,000            | 1,106,277               |
|     | Pacific Asset Management                                           | Bank Loan Fund                                                                                                        | 650,000              | 757,126                 |
|     | Interest Bearing Cash                                              | Institutional bank deposit account                                                                                    | 193,854              | 193,854                 |
|     |                                                                    |                                                                                                                       | <u>\$ 27,396,037</u> | <u>\$ 26,584,631</u>    |

Schedule SB, Line 32 – Schedule of Amortization Bases  
Ingevity Corporation – Retirement Plan for Bargained Hourly Employees  
January 1, 2023 Valuation  
EIN/PN: 47-4027764 / 002

## Exhibit VIII

### Schedule of Amortization Bases

#### Shortfall Amortization Bases<sup>1</sup>

| Date<br>Established | Present Value<br>of Payments | Remaining<br>Years | Amortization<br>Installment |
|---------------------|------------------------------|--------------------|-----------------------------|
| 1/1/2023            | <u>\$ 2,727,652</u>          | 15                 | <u>\$ 249,800</u>           |
| Total               | \$ 2,727,652                 |                    | \$ 249,800                  |

#### Waiver Amortization Bases

| Date<br>Established | Present Value<br>of Payments | Remaining<br>Years | Amortization<br>Installment |
|---------------------|------------------------------|--------------------|-----------------------------|
| 1/1/2023            | <u>\$ 0</u>                  | N/A                | <u>\$ 0</u>                 |
| Total               | \$ 0                         |                    | \$ 0                        |

<sup>1</sup> 15-year amortization was adopted effective with the 2022 plan year per the terms of ARPA.