

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ADVANSIX INC. RETIREMENT EARNINGS PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 10/02/2016
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ADVANSIX INC. 300 KIMBALL DRIVE, SUITE 101 PARSIPPANY, NJ 07054
2b	Employer Identification Number (EIN) 81-2525089
2c	Plan Sponsor's telephone number 973-580-6477
2d	Business code (see instructions) 325200

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.	10/08/2025	DAVID VERNIERI
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor ADVANSIX INC. RETIREMENT PLANS AND BENEFITS COMMITTEE 300 KIMBALL DRIVE SUITE 101 PARSIPPANY, NJ 07054	3b Administrator's EIN 38-4079283
	3c Administrator's telephone number 973-580-6477
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN
5 Total number of participants at the beginning of the plan year	5 867
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 488
a(2) Total number of active participants at the end of the plan year	6a(2) 443
b Retired or separated participants receiving benefits	6b 278
c Other retired or separated participants entitled to future benefits	6c 112
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 833
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 12
f Total. Add lines 6d and 6e	6f 845
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan ADVANSIX INC. RETIREMENT EARNINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ADVANSIX INC.	D Employer Identification Number (EIN) 81-2525089
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	85917198	
b	Actuarial value	2b	86190815	
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	264	29111868	29111868
b	For terminated vested participants	115	2185213	2185213
c	For active participants	488	42161328	46307572
d	Total	867	73458409	77604653
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.23 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	5313616	
b	Expected plan-related expenses	6b	600000	
c	Target normal cost	6c	5913616	

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

SIGN HERE	Signature of actuary DITAH RIMER Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17837, AON P.O. BOX 6718 SOMERSET, NJ 08875 Address of the firm	09/23/2025 Date 23-05562 Most recent enrollment number 212-441-2000 Telephone number (including area code)
--------------------------	---	--

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	20049408
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7897974
9 Amount remaining (line 7 minus line 8)	0	12151434
10 Interest on line 9 using prior year's actual return of <u>15.85</u> %	0	1926002
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
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	14077436

Part III Funding Percentages

14 Funding target attainment percentage	14	92.92 %
15 Adjusted funding target attainment percentage	15	111.06 %
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	91.36 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
----------------	----------------------------

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

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
-----------------	--

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

Part VIII	Minimum Required Contribution For Current Year
------------------	---

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	5913616
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		5491274	527993
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	6441609
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6441609	6441609
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
----------------	---

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ADVANSIX INC. RETIREMENT EARNINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ADVANSIX INC.	D Employer Identification Number (EIN) 81-2525089	

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	
PIMCO FUNDS	650 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660

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

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

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

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

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

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

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

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

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

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

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

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)

AON CONSULTING INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	369398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	88413	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SEGAL ADVISORS, INC

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	60583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ADVANSIX INC. RETIREMENT EARNINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ADVANSIX INC.		D Employer Identification Number (EIN) 81-2525089

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI COLLECTIVE SHORT TERM INVST FD			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENT			
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1603612	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT GLOBAL REAL ESTATE INDEX FUND			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENT			
c EIN-PN 45-6138589-082	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1899068	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE LT GOVERNMENT/CREDIT			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENT			
c EIN-PN 45-6138589-094	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22034329	
a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE RUSSELL 1000 INDEX FUND			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENT			
c EIN-PN 45-6138589-095	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17742651	
a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE RUSSELL 2000 INDEX FUND			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENT			
c EIN-PN 45-6138589-096	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4100851	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE EAFE INDEX FUND			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENT			
c EIN-PN 45-6138589-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17618246	
a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EMERGING MARKETS FUND			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENT			
c EIN-PN 45-6138589-085	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5184398	

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ADVANSIX INC. RETIREMENT EARNINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ADVANSIX INC.		D Employer Identification Number (EIN) 81-2525089

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	6188	4308
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	1390577	1359868
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	84686573	70183156
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	17492429
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	86083338	89039761
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	166140	94738
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	166140	94738
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	85917198	88945023

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1348274	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		1348274
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	-30709	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7269694
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-1855845
d Total income. Add all income amounts in column (b) and enter total	2d		6731414

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3097628	
(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)		3097628
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)	319206	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	60583	
(6) Bank or trust company trustee/custodial fees	2i(6)	88413	
(7) Actuarial fees	2i(7)	50191	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	87568	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		605961
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3703589

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3027825
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: **CLIFTONLARSONALLEN LLP**

(2) EIN: **41-0746749**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554292.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ADVANSIX INC. RETIREMENT EARNINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ADVANSIX INC.		D Employer Identification Number (EIN) 81-2525089
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063		
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 21
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) 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 _____.	
--	--

ADVANSIX INC. RETIREMENT EARNINGS PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2024 AND 2023



CPAs | CONSULTANTS | WEALTH ADVISORS

CLAcconnect.com

**ADVANSIX INC. RETIREMENT EARNINGS PLAN
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS	7
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES (ATTACHMENTS TO FORM 5500)	
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)	15
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS	16



INDEPENDENT AUDITORS' REPORT

Plan Administrator
AdvanSix Inc. Retirement Earnings Plan
Parsippany, New Jersey

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of AdvanSix Inc. Retirement Earnings 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, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of AdvanSix Inc. Retirement Earnings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of AdvanSix Inc. Retirement Earnings 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 AdvanSix Inc. Retirement Earnings 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 AdvanSix Inc. Retirement Earnings 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 accounting principles generally accepted in the United States of America.

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

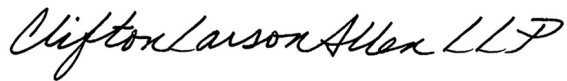
Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

CliftonLarsonAllen LLP

West Hartford, Connecticut
September 24, 2025

ADVANSIX INC. RETIREMENT EARNINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Common and Collective Trust Funds	\$ 70,183,156	\$ 84,686,573
Mutual Funds	17,492,429	-
Pooled Separate Accounts	1,359,868	1,390,577
Total Investments, at Fair Value	<u>89,035,453</u>	<u>86,077,150</u>
RECEIVABLES		
Accrued Income	<u>4,308</u>	<u>6,188</u>
Total Assets	89,039,761	86,083,338
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	<u>94,738</u>	<u>166,140</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 88,945,023</u></u>	<u><u>\$ 85,917,198</u></u>

See accompanying Notes to Financial Statements.

ADVANSIX INC. RETIREMENT EARNINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 5,321,253	\$ 11,947,472
Interest and Dividends	<u>1,410,161</u>	<u>45,265</u>
Net Investment Income	6,731,414	11,992,737
EMPLOYER CONTRIBUTIONS	<u>-</u>	<u>-</u>
Net Additions	6,731,414	11,992,737
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	3,097,628	2,494,079
ADMINISTRATIVE EXPENSES	<u>605,961</u>	<u>896,130</u>
Total Deductions	<u>3,703,589</u>	<u>3,390,209</u>
NET INCREASE	3,027,825	8,602,528
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>85,917,198</u>	<u>77,314,670</u>
End of Year	<u><u>\$ 88,945,023</u></u>	<u><u>\$ 85,917,198</u></u>

See accompanying Notes to Financial Statements.

ADVANSIX INC. RETIREMENT EARNINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN

The following description of the AdvanSix Inc. Retirement Earnings Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan established by AdvanSix Inc. (the Company). The Company was formed in 2016 when Honeywell International Inc. (Honeywell) spun off certain assets of its business. The Plan was established on October 2, 2016 to provide retirement benefits to individuals who were active participants in the Honeywell Retirement Earnings Plan (the Honeywell Plan) on October 1, 2016 and who were eligible employees of the Company on October 2, 2016. Employees hired after October 2, 2016 are not eligible to participate in the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

The Plan provides retirement benefits to participants who have retired from active service with the Company and have met the Plan's provisions. It also provides for early retirement, disability retirement, and death benefits in certain instances. Such benefits are defined in the Plan and are based on compensation and years of credited service. Certain participants are also eligible to receive their benefit in a lump sum upon termination from the Company. Benefits under the Plan are reduced by benefits payable from the Honeywell Plan, as defined in the plan documents.

Vesting

A participant becomes fully vested upon completing three or five years of credited service depending on the plan formula used under the Honeywell Plan. Participants receive credit for years of service under the Honeywell Plan.

Form of Benefits

The normal form of benefit is a 100% joint and survivor annuity for married participants and a life annuity for unmarried participants. Optional forms of annuity payments as well as lump-sum payments are also available.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

ADVANSIX INC. RETIREMENT EARNINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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.

Purchases and sales of securities are recorded on the 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

Benefit payments to participants are recorded when paid.

Plan Expenses

Administrative expenses are generally paid by the Plan. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are determined based upon certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics, all of which are subject to change. Due to uncertainties inherent in the estimation process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

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

Subsequent Events

Subsequent events were evaluated through September 24, 2025, the date the financial statements were available to be issued.

ADVANSIX INC. RETIREMENT EARNINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 CERTIFICATION BY THE INVESTMENT TRUSTEE

Information presented in the accompanying statements and supplemental schedules as of and for the years ended December 31, 2024 and 2023 for investments and investment income was derived from information certified to be complete and accurate by The Northern Trust Company (Northern Trust), the trustee, as permitted by the election made by the Plan administrator under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 4 FUNDING POLICY

The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year service cost and the prior service cost over periods of not less than those specified under the Internal Revenue Code (the Code). The Company's funding policy is to contribute such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to pay earned benefits to plan participants and to meet the minimum funding requirements of ERISA. The yield (interest, dividends, and net unrealized and realized gains and losses) on investments of the Plan serves to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Plan. All contributions to the Plan are made by the Company and are deposited with Northern Trust. The minimum funding requirements of ERISA have been met by the Company for the years ended December 31, 2024 and 2023.

NOTE 5 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as determined by Aon, the plan actuary, is the 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. Calculations of the present value of accumulated plan benefits were performed as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, 2024 and 2023, there would be no material differences.

The actuarial present value of accumulated plan benefits is as follows as of December 31:

	<u>2024</u>	<u>2023</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 29,231,143	\$ 25,858,207
Other Participants	<u>42,651,197</u>	<u>37,954,491</u>
Total Vested Benefits	<u>71,882,340</u>	<u>63,812,698</u>
NONVESTED BENEFITS	<u>2,557,488</u>	<u>3,404,752</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 74,439,828</u></u>	<u><u>\$ 67,217,450</u></u>

ADVANSIX INC. RETIREMENT EARNINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The changes in the actuarial present value of the Plan's accumulated plan benefits are as follows for the years ended December 31:

	2024	2023
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - BEGINNING OF YEAR	\$ 67,217,450	\$ 61,731,449
INCREASE (DECREASE) DURING THE YEAR		
ATTRIBUTABLE TO:		
Interest Accumulation	4,270,046	3,932,763
Change in Actuarial Assumptions ¹	(11,279)	70,171
Benefits Paid	(3,097,628)	(2,494,079)
Other Changes ²	6,061,239	3,977,146
Net Increase	<u>7,222,378</u>	<u>5,486,001</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - END OF YEAR	<u><u>\$ 74,439,828</u></u>	<u><u>\$ 67,217,450</u></u>

¹ For 2024, the changes in actuarial assumptions component includes a change in the 417(e) basis from the 2024 Plan year basis to the 2025 plan year basis. For 2023, the changes in actuarial assumptions component includes a change in the 417(e) mortality from the 2023 plan year basis to the 2024 plan year basis.

² The other changes component represents the normal operation of the pension plans. It consists primarily of the increase due to ongoing benefit accruals and those items of Plan experience that are not associated with Plan asset performance.

The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 are as follows:

Actuarial Cost Method	Unit Credit Cost Method (2024 and 2023)
Mortality Rates	Pri-2012 with Scale MP-2021 (2024 and 2023)
Assumed Rate of Return	6.50% Compounded Annually (2024 and 2023)
Retirement Age	Rates Graded by Age and Service (2024 and 2023)
Inflation Rate	2.25% (2024 and 2023)

NOTE 6 FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

ADVANSIX INC. RETIREMENT EARNINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 FAIR VALUE MEASUREMENTS (CONTINUED)

The three levels of the fair value hierarchy are described below:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Assets valued using the net asset value (NAV) practical expedient are not required to be reported within the hierarchy.

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

Common and Collective Trust Funds: Common and collective trust funds are stated at their NAV as reported by the investment manager of the fund based on the fair value of the underlying assets and liabilities at the measurement date. The NAV is used as a practical expedient to estimate fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled Separate Accounts: Pooled separate accounts are stated at their NAV as reported by the investment manager of the fund based on the fair value of the underlying assets and liabilities at the measurement date. The NAV is used as a practical expedient to estimate fair value.

There have been no changes in the methodologies used at December 31, 2024 and 2023.

ADVANSIX INC. RETIREMENT EARNINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

2024					
	Level 1	Level 2	Level 3	Measured at Net Asset Value	Total
Common and Collective Trust					
Funds	\$ -	\$ -	\$ -	\$ 70,183,156	\$ 70,183,156
Mutual Funds	17,492,429	-	-	-	17,492,429
Pooled Separate Accounts	-	-	-	1,359,868	1,359,868
Investments at Fair Value	<u>\$ 17,492,429</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 71,543,024</u>	<u>\$ 89,035,453</u>
2023					
	Level 1	Level 2	Level 3	Measured at Net Asset Value	Total
Common and Collective Trust					
Funds	\$ -	\$ -	\$ -	\$ 84,686,573	\$ 84,686,573
Pooled Separate Accounts	-	-	-	1,390,577	1,390,577
Investments at Fair Value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 86,077,150</u>	<u>\$ 86,077,150</u>

There were no transfers between levels of investments during the years ended December 31, 2024 and 2023.

The Plan's investment in common and collective trust funds provide for daily liquidity and have no redemption features or other restrictions.

The Plan's investment in the Principal Real Estate Investors U.S. Property Separate Account provides for quarterly liquidity and may be subject to other liquidity restrictions at the discretion of the fund manager. The fund's objective is to invest primarily in U.S. real estate properties in multifamily, industrial, office, retail and hotel sectors.

ADVANSIX INC. RETIREMENT EARNINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 INCOME TAX STATUS

The Plan received a favorable determination letter from the Internal Revenue Service (IRS) dated August 8, 2018, which stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability 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.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are managed by Northern Trust. Northern Trust serves as the trustee of the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Other parties-in-interest include investment advisors and professional service firms who provide services to the Plan. Administrative expenses paid by the Plan to parties-in-interest totaled \$518,394 and \$567,263 for the years ended December 31, 2024 and 2023, respectively. Certain employees of the Company who participate in the Plan perform administrative services to the Plan at no cost to the Plan.

NOTE 9 PLAN TERMINATION

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

In the event the Plan is terminated, the net assets of the Plan will be allocated to the participants and beneficiaries of the Plan in accordance with ERISA, and its related regulations, and the plan document. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (the PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions.

However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. For Plan terminations occurring during 2024, that ceiling is \$7,108 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later).

ADVANSIX INC. RETIREMENT EARNINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 9 PLAN TERMINATION (CONTINUED)

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the 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.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 AdvanSix Inc. Retirement Earnings Plan
 EIN: 81-2525089 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				11						
35-39				12	6					
40-44			1	17	2	2				
45-49			1	28 \$126,337	7	11	13			
50-54				23 \$129,131	8	14	23 \$148,320	19	2	
55-59			1	23 \$133,233	9	13	29 \$125,327	35 \$127,734	21 \$102,380	
60-64			2	27 \$129,318	6	7	22 \$140,101	17	20 \$110,253	9
65-69				7	3	3	1	5	6	16
70+				1	1	1			1	2

N-488

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 AdvanSix Inc. Retirement Earnings Plan
 EIN: 81-2525089 PN: 002

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes

Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA

1st Segment Rate	4.75 percent
2nd Segment Rate	4.96 percent
3rd Segment Rate	5.59 percent

Interest Rates for Maximum Tax Purposes

Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization

1st Segment Rate	4.37 percent
2nd Segment Rate	4.96 percent
3rd Segment Rate	4.95 percent

Salary Increases

Minimum Funding Target Normal Cost
 Maximum Tax Expected Benefit Increase

Service	Salary Increase	Service	Salary Increase
0	5.24%	13	1.12%
1	4.76%	14	1.03%
2	4.28%	15	0.93%
3	3.32%	16	0.84%
4	2.85%	17	0.74%
5	2.37%	18	0.65%
6	2.18%	19	0.55%
7	1.98%	20	0.45%
8	1.79%	21	0.36%
9	1.60%	22	0.26%
10	1.41%	23	0.07%
11	1.32%	24+	0.00%
12	1.22%		

The weighted average salary increase assumption (after adding underlying inflation of 2.25 percent) is 2.85 percent.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 AdvanSix Inc. Retirement Earnings Plan
 EIN: 81-2525089 PN: 002

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Optional Payment Form Election Percentage

Retirement Earnings and Pension Equity
 (retiring from active service)

95 percent elect an immediate lump sum
 5 percent elect a 50 percent joint & survivor annuity

Retirement Earnings and Pension
 Equity (terminating from active service)

25 percent elect an immediate lump sum
 70 percent elect a lump sum deferred to age 62
 5 percent elect a 50 percent joint & survivor annuity
 deferred to age 62

Retirement Earnings and Pension Equity
 (current term vested ppts)

95 percent elect a lump sum deferred to age 62
 5 percent elect a 50 percent joint & survivor annuity
 deferred to 62

All Others

55 percent elect a life annuity
 25 percent elect a 50 percent joint & survivor annuity
 20 percent elect a 100 percent joint & survivor annuity

For All Others, when decrement is termination, the benefits are deferred to age 61.

In addition, 10 percent of participants retiring under age 62 from active service in All Others plans, are assumed to elect a level income option in combination with the above optional forms.

Optional Payment Form Conversion Interest Rate

Same as funding interest rate, but not greater than five percent for participants with Retirement Earnings formula.

Optional Payment Form Conversion Mortality

Current IRC section 417(e) table for lump sums

Retirement Age

Active Participants

See Table 1

Terminated Vested Participants

Age 62 for Retirement Earnings and Pension Equity. Age 61 for Others.

Mortality Rates

Healthy and Disabled

2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)

Withdrawal Rates

See Table 2

Disability Rates

See Table 3

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100 percent).
Surviving Spouse Benefit	It is assumed that 75 percent of males and 75 percent of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	Historical actual pay was provided by Honeywell and AdvanSix. Valuation compensation is calculated as prior-year pensionable earnings rolled forward with the salary increase assumption.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90 percent nor more than 110 percent of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	6.50 percent, limited to 5.92 percent
2023 Plan Year	6.50 percent , limited to 5.74 percent
2024 Plan Year	6.50 percent , limited to 5.59 percent
Trust Expenses Included in Target Normal Cost	Same as fiscal year accounting expense load (\$600,000 for 2024)
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Retirement Rate
50	10.0% ¹
51	10.0% ¹
52	10.0% ¹
53	10.0% ¹
54	10.0% ¹
55	7.0%
56	7.0%
57	7.0%
58	7.0%
59	10.0%
60	10.0%
61	15.0%
62	15.0%
63	20.0%
64	20.0%
65	30.0%
66	30.0%
67	35.0%
68	35.0%
69	35.0%
70+	100.0%

¹ Applicable to All Other (traditional plan) participants who have met the early retirement eligibility requirements.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 AdvanSix Inc. Retirement Earnings Plan
 EIN: 81-2525089 PN: 002

Table 2

Termination Rates

Age	All Others	Ret Earnings, Pension Equity
30	17.00%	14.60%
31	16.00%	14.10%
32	15.00%	13.60%
33	14.00%	13.10%
34	13.00%	12.60%
35	12.00%	8.50%
36	11.00%	8.00%
37	10.00%	7.50%
38	9.00%	7.00%
39	8.00%	6.50%
40	7.00%	4.30%
41	6.00%	4.10%
42	5.00%	3.90%
43	4.00%	3.70%
44	3.00%	3.50%
45	2.25%	7.70%
46	2.00%	7.60%
47	1.75%	7.50%
48	1.50%	7.40%
49	1.25%	7.30%
50	1.00%	6.50%
51	1.00%	6.40%
52	1.00%	6.30%
53	1.00%	6.20%
54	1.00%	6.10%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 AdvanSix Inc. Retirement Earnings Plan
 EIN: 81-2525089 PN: 002

Table 3

Disability Rates

Disability assumptions are shown below. All participants assumed to become disabled are assumed to become eligible for Social Security disability benefits and, if applicable, for long-term disability benefits.

Age	Male	Female	Age	Male	Female
25	0.00015	0.00015	50	0.00165	0.00200
26	0.00015	0.00015	51	0.00195	0.00220
27	0.00015	0.00015	52	0.00230	0.00245
28	0.00015	0.00020	53	0.00265	0.00270
29	0.00015	0.00020	54	0.00305	0.00295
30	0.00015	0.00020	55	0.00345	0.00320
31	0.00015	0.00025	56	0.00385	0.00345
32	0.00015	0.00025	57	0.00430	0.00370
33	0.00015	0.00030	58	0.00475	0.00400
34	0.00015	0.00030	59	0.00525	0.00425
35	0.00020	0.00035	60	0.00575	0.00450
36	0.00020	0.00040	61	0.00630	0.00480
37	0.00025	0.00045	62	0.00690	0.00505
38	0.00030	0.00050	63	0.00755	0.00525
39	0.00035	0.00060	64	0.00820	0.00545
40	0.00040	0.00065			
41	0.00045	0.00075			
42	0.00050	0.00085			
43	0.00060	0.00095			
44	0.00070	0.00110			
45	0.00080	0.00120			
46	0.00090	0.00135			
47	0.00105	0.00150			
48	0.00125	0.00165			
49	0.00140	0.00180			

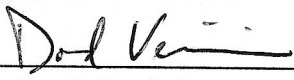
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan ADVANSIX INC. RETIREMENT EARNINGS PLAN	1b Three-digit plan number (PN) ▶ 002
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ADVANSIX INC. 300 KIMBALL DRIVE, SUITE 101 PARSIPPANY NJ 07054	1c Effective date of plan 10/02/2016 2b Employer Identification Number (EIN) 81-2525089 2c Plan Sponsor's telephone number 973-580-6477 2d Business code (see instructions) 325200

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		10/8/25	DAVID VERNIERI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☐ Same as Plan Sponsor ADVANSIX INC. RETIREMENT PLANS AND BENEFITS COMMITTEE 300 KIMBALL DRIVE SUITE 101 PARSIPPANY NJ 07054	3b Administrator's EIN 38-4079283 3c Administrator's telephone number 973-580-6477																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 867																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100px;">6a(1)</td><td style="text-align: right;">488</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">443</td></tr> <tr><td>6b</td><td style="text-align: right;">278</td></tr> <tr><td>6c</td><td style="text-align: right;">112</td></tr> <tr><td>6d</td><td style="text-align: right;">833</td></tr> <tr><td>6e</td><td style="text-align: right;">12</td></tr> <tr><td>6f</td><td style="text-align: right;">845</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>	6a(1)	488	6a(2)	443	6b	278	6c	112	6d	833	6e	12	6f	845	6g(1)		6g(2)		6h	0
6a(1)	488																				
6a(2)	443																				
6b	278																				
6c	112																				
6d	833																				
6e	12																				
6f	845																				
6g(1)																					
6g(2)																					
6h	0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C																					

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (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 _____ (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

ADVANSIX INC. RETIREMENT EARNINGS PLAN
E.I.N. 81-2525089 PLAN NO. 002
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Single Transactions</u>								
* MFB NT Collective Short Term Investment Fund	Common and Collective Trust Fund	\$ 19,000,000	\$ -	\$ -	\$ -	\$ 19,000,000	\$ 19,000,000	\$ -
* MFB NT Collective Short Term Investment Fund	Common and Collective Trust Fund		18,000,000	-	-	18,000,000	18,000,000	-
* MFB NT Collective Russell 1000 Index Fund	Common and Collective Trust Fund	-	19,000,000	-	-	10,116,877	19,000,000	8,883,123
MFO PIMCO StocksPLUS Long Duration Fund	Mutual Fund	18,000,000	-	-	-	18,000,000	18,000,000	-
<u>Series of Transactions</u>								
MFO PIMCO StocksPLUS Long Duration Fund	Mutual Fund							
Total purchases: 3		19,348,274	-	-	-	19,348,274	19,348,274	-
Total sales: 0		-	-	-	-	-	-	-
* MFB NT Collective Russell 1000 Index Fund	Common and Collective Trust Fund							
Total purchases: 0		-	-	-	-	-	-	-
Total sales: 10		-	21,711,566	-	-	11,525,704	21,711,566	10,185,862
* MFB NT Collective Short Term Investment Fund	Common and Collective Trust Fund							
Total purchases: 44		25,479,035	-	-	-	25,479,035	25,479,035	-
Total sales: 49		-	25,435,802	-	-	25,435,802	25,435,802	-

* Indicates party-in-interest

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan AdvanSix Inc. Retirement Earnings Plan	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AdvanSix Inc.	D Employer Identification Number (EIN) 81-2525089
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	85,917,198	
b	Actuarial value	2b	86,190,815	
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	264	29,111,868	29,111,868
b	For terminated vested participants	115	2,185,213	2,185,213
c	For active participants	488	42,161,328	46,307,572
d	Total	867	73,458,409	77,604,653
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.23%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	5,313,616	
b	Expected plan-related expenses	6b	600,000	
c	Target normal cost	6c	5,913,616	

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

SIGN HERE DITAH RIMER  Signature of actuary Ditah Rimer Type or print name of actuary Aon Consulting, Inc. Firm name MSC# 17837, Aon P.O. Box 6718 Somerset NJ 08875 Address of the firm	09/23/2025 Date 2305562 Most recent enrollment number 212-441-2000 Telephone number (including area code)
---	---

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	20,049,408
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7,897,974
9 Amount remaining (line 7 minus line 8)	0	12,151,434
10 Interest on line 9 using prior year's actual return of <u>15.85</u> %	0	1,926,002
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
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	14,077,436

Part III Funding Percentages

14 Funding target attainment percentage	14	92.92 %
15 Adjusted funding target attainment percentage	15	111.06 %
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	91.36 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	5,913,616	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5,491,274	527,993	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	6,441,609	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6,441,609	6,441,609
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

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

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 AdvanSix Inc. Retirement Earnings Plan
 EIN: 81-2525089 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100 percent retirement age.

All Others				Ret Earn, Pen Equity		
(a)	(b)	(c)	(d)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)	Rate	Weight	Product (a) × (b) × (c)
50.5	10.00%	1.0000	5.05	n/a	n/a	n/a
51.5	10.00%	0.9000	4.64	n/a	n/a	n/a
52.5	10.00%	0.8100	4.25	n/a	n/a	n/a
53.5	10.00%	0.7290	3.90	n/a	n/a	n/a
54.5	10.00%	0.6561	3.58	n/a	n/a	n/a
55.5	7.00%	0.5905	2.29	7.00%	1.0000	3.89
56.5	7.00%	0.5492	2.17	7.00%	0.9300	3.68
57.5	7.00%	0.5107	2.06	7.00%	0.8649	3.48
58.5	7.00%	0.4750	1.94	7.00%	0.8044	3.29
59.5	10.00%	0.4417	2.63	10.00%	0.7481	4.45
60.5	10.00%	0.3975	2.41	10.00%	0.6732	4.07
61.5	15.00%	0.3578	3.30	15.00%	0.6059	5.59
62.5	15.00%	0.3041	2.85	15.00%	0.5150	4.83
63.5	20.00%	0.2585	3.28	20.00%	0.4378	5.56
64.5	20.00%	0.2068	2.67	20.00%	0.3502	4.52
65.5	30.00%	0.1654	3.25	30.00%	0.2802	5.51
66.5	30.00%	0.1158	2.31	30.00%	0.1961	3.91
67.5	35.00%	0.0811	1.92	35.00%	0.1373	3.24
68.5	35.00%	0.0527	1.26	35.00%	0.0892	2.14
69.5	35.00%	0.0343	0.83	35.00%	0.0580	1.41
70	100.00%	0.0223	1.56	100.00%	0.0377	2.64
Weighted Average			58.15	Weighted Average		62.21
Participant Count			284	Participant Count		204
Plan Weighted Average				59.85		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 AdvanSix Inc. Retirement Earnings Plan
 EIN: 81-2525089 PN: 002

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes

Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA

1st Segment Rate	4.75 percent
2nd Segment Rate	4.96 percent
3rd Segment Rate	5.59 percent

Interest Rates for Maximum Tax Purposes

Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization

1st Segment Rate	4.37 percent
2nd Segment Rate	4.96 percent
3rd Segment Rate	4.95 percent

Salary Increases

Minimum Funding Target Normal Cost
 Maximum Tax Expected Benefit Increase

Service	Salary Increase	Service	Salary Increase
0	5.24%	13	1.12%
1	4.76%	14	1.03%
2	4.28%	15	0.93%
3	3.32%	16	0.84%
4	2.85%	17	0.74%
5	2.37%	18	0.65%
6	2.18%	19	0.55%
7	1.98%	20	0.45%
8	1.79%	21	0.36%
9	1.60%	22	0.26%
10	1.41%	23	0.07%
11	1.32%	24+	0.00%
12	1.22%		

The weighted average salary increase assumption (after adding underlying inflation of 2.25 percent) is 2.85 percent.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 AdvanSix Inc. Retirement Earnings Plan
 EIN: 81-2525089 PN: 002

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Optional Payment Form Election Percentage

Retirement Earnings and Pension Equity
 (retiring from active service)

95 percent elect an immediate lump sum
 5 percent elect a 50 percent joint & survivor annuity

Retirement Earnings and Pension
 Equity (terminating from active service)

25 percent elect an immediate lump sum
 70 percent elect a lump sum deferred to age 62
 5 percent elect a 50 percent joint & survivor annuity
 deferred to age 62

Retirement Earnings and Pension Equity
 (current term vested ppts)

95 percent elect a lump sum deferred to age 62
 5 percent elect a 50 percent joint & survivor annuity
 deferred to 62

All Others

55 percent elect a life annuity
 25 percent elect a 50 percent joint & survivor annuity
 20 percent elect a 100 percent joint & survivor annuity

For All Others, when decrement is termination, the benefits are deferred to age 61.

In addition, 10 percent of participants retiring under age 62 from active service in All Others plans, are assumed to elect a level income option in combination with the above optional forms.

Optional Payment Form Conversion Interest Rate

Same as funding interest rate, but not greater than five percent for participants with Retirement Earnings formula.

Optional Payment Form Conversion Mortality

Current IRC section 417(e) table for lump sums

Retirement Age

Active Participants

See Table 1

Terminated Vested Participants

Age 62 for Retirement Earnings and Pension Equity. Age 61 for Others.

Mortality Rates

Healthy and Disabled

2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)

Withdrawal Rates

See Table 2

Disability Rates

See Table 3

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100 percent).
Surviving Spouse Benefit	It is assumed that 75 percent of males and 75 percent of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	Historical actual pay was provided by Honeywell and AdvanSix. Valuation compensation is calculated as prior-year pensionable earnings rolled forward with the salary increase assumption.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90 percent nor more than 110 percent of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	6.50 percent, limited to 5.92 percent
2023 Plan Year	6.50 percent , limited to 5.74 percent
2024 Plan Year	6.50 percent , limited to 5.59 percent
Trust Expenses Included in Target Normal Cost	Same as fiscal year accounting expense load (\$600,000 for 2024)
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Retirement Rate
50	10.0% ¹
51	10.0% ¹
52	10.0% ¹
53	10.0% ¹
54	10.0% ¹
55	7.0%
56	7.0%
57	7.0%
58	7.0%
59	10.0%
60	10.0%
61	15.0%
62	15.0%
63	20.0%
64	20.0%
65	30.0%
66	30.0%
67	35.0%
68	35.0%
69	35.0%
70+	100.0%

¹ Applicable to All Other (traditional plan) participants who have met the early retirement eligibility requirements.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 AdvanSix Inc. Retirement Earnings Plan
 EIN: 81-2525089 PN: 002

Table 2

Termination Rates

Age	All Others	Ret Earnings, Pension Equity
30	17.00%	14.60%
31	16.00%	14.10%
32	15.00%	13.60%
33	14.00%	13.10%
34	13.00%	12.60%
35	12.00%	8.50%
36	11.00%	8.00%
37	10.00%	7.50%
38	9.00%	7.00%
39	8.00%	6.50%
40	7.00%	4.30%
41	6.00%	4.10%
42	5.00%	3.90%
43	4.00%	3.70%
44	3.00%	3.50%
45	2.25%	7.70%
46	2.00%	7.60%
47	1.75%	7.50%
48	1.50%	7.40%
49	1.25%	7.30%
50	1.00%	6.50%
51	1.00%	6.40%
52	1.00%	6.30%
53	1.00%	6.20%
54	1.00%	6.10%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 AdvanSix Inc. Retirement Earnings Plan
 EIN: 81-2525089 PN: 002

Table 3

Disability Rates

Disability assumptions are shown below. All participants assumed to become disabled are assumed to become eligible for Social Security disability benefits and, if applicable, for long-term disability benefits.

Age	Male	Female	Age	Male	Female
25	0.00015	0.00015	50	0.00165	0.00200
26	0.00015	0.00015	51	0.00195	0.00220
27	0.00015	0.00015	52	0.00230	0.00245
28	0.00015	0.00020	53	0.00265	0.00270
29	0.00015	0.00020	54	0.00305	0.00295
30	0.00015	0.00020	55	0.00345	0.00320
31	0.00015	0.00025	56	0.00385	0.00345
32	0.00015	0.00025	57	0.00430	0.00370
33	0.00015	0.00030	58	0.00475	0.00400
34	0.00015	0.00030	59	0.00525	0.00425
35	0.00020	0.00035	60	0.00575	0.00450
36	0.00020	0.00040	61	0.00630	0.00480
37	0.00025	0.00045	62	0.00690	0.00505
38	0.00030	0.00050	63	0.00755	0.00525
39	0.00035	0.00060	64	0.00820	0.00545
40	0.00040	0.00065			
41	0.00045	0.00075			
42	0.00050	0.00085			
43	0.00060	0.00095			
44	0.00070	0.00110			
45	0.00080	0.00120			
46	0.00090	0.00135			
47	0.00105	0.00150			
48	0.00125	0.00165			
49	0.00140	0.00180			

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Allied Hourly

Participation in Plan

Hourly employees at the locations shown below.
Participants must be actively employed by AdvanSix on October 2, 2016.

Union employees continue to participate in the Allied Hourly formula. New union employees hired after negotiated dates participate in the Pension Equity formula.

Pottsville, PA employees hired before 2000 who were active on October 1, 2000 had the one-time option of electing the Retirement Earnings formula. Those who were hired after 1999 participate in the Retirement Earnings formula. Effective December 31, 2015, the formula was amended to freeze pensionable pay for all Pottsville, PA participants. The Pottsville, PA plant was closed in July 2019.

Plant	Location	Collectively Bargained?
A40F	Chesterfield, VA	Yes
A40N	Hopewell, VA North	Yes
A40G	Hopewell, VA South	Yes

Eligibility for Benefits

Normal Pension

Age 65.

Early Pension

A participant may retire prior to his normal retirement date under the following conditions:

- (1) Age 62 with 10 years of service.
- (2) Age plus service equals 80 points.
- (3) Age 55 with 10 years of service.

Disability Pension

Ten years of service.

Deferred Vested Pension

Five years of service.

Preretirement Spouse's Benefit

Five years of service.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Amount of Pension

Normal Pension

Basic Benefit

1.2 percent of final average monthly Compensation (using highest three years of last 10 years) multiplied by all years of service (including service at Honeywell) less the benefit accrued during employment at Honeywell.

Minimum Benefit

A dollar amount multiplied by years of service (including service at Honeywell and dollar amount varies by location; see Plan Information table) less the benefit accrued during employment at Honeywell.

In addition, a Supplemental monthly benefit is payable (varies by location; see Plan Information table).

Early Pension

Under types (1) and (2), an unreduced normal retirement benefit. Under type (3) the benefit is reduced three percent for each year that payments commence prior to age 65. The flat benefit is also payable.

Disability Pension

The accrued benefit less the benefit accrued during employment at Honeywell payable immediately, subject to a minimum per month (varies by location; see Plan Information table). The flat benefit is also payable.

Deferred Vested Pension

Accrued benefit payable at age 65 less the benefit accrued during employment at Honeywell; reduced six percent per year that payment commences prior to age 65.

Preretirement Spouse's Benefit

For vested active employees, the surviving spouse automatically receives one half of the employee's accrued benefit, payable immediately. The flat benefit is also payable.

For terminated vested employees whose payments have not commenced, a benefit deferred to the participant's earliest retirement age equal to one half of the joint and 50 percent survivor benefit which would have been payable to the participant. An actuarial reduction is made in a participant's accrued benefit for this optional benefit.

Normal Form of Payment

With Spouse

50 percent joint and survivor annuity actuarially equivalent to the single life annuity. Automatic unless rejected in writing.

Without Spouse

Single life annuity.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Optional Forms of Payment

50 percent, 75 percent, or 100 percent joint and survivor annuity with or without pop-up feature; level income annuity; and 10 year certain and life annuity.

Definitions

Compensation

Total compensation received by the employee.

Plan Information Table

Date New Hires Into Pension Equity	Date New Hires Into Defined Contribution	Location	Minimum Benefit	Supplemental Benefit	Minimum Disability Benefit
09/01/2011	05/20/2014	Chesterfield, VA;	\$35	\$40	\$700
06/15/2009	10/01/2013	Hopewell, VA North	\$34	\$39	\$700
N/A	04/09/2013	Hopewell, VA South	\$35	\$40	\$700
01/01/2000 ¹	N/A	Pottsville, PA	\$30	\$35	\$650

¹ Due to the location participating in Choice.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Allied Salaried

Participation in Plan

Salaried employees at locations historically covered by the Allied Salaried plan. Participants must be actively employed by AdvanSix on October 2, 2016.

Former Honeywell Employees hired before 2000 that were active on October 1, 2000 had the one-time option of electing the Retirement Earnings formula. Former Honeywell Employees hired after 1999 participate in the Retirement Earnings formula.

Effective December 31, 2015, the formula was amended to freeze pensionable pay for all participants.

Eligibility for Benefits

Normal Pension

Age 65.

Early Pension

A participant may retire prior to his normal retirement date under the following conditions:

- (1) Age and service equals 80 points.
- (2) Age 50, five years of service, and 60 points.

Disability Pension

Ten years of service.

Deferred Vested Pension

Five years of service.

Preretirement Spouse's Benefit

Five years of service.

Amount of Pension

Normal Pension

Basic Benefit

1.1 percent of Final Average Compensation (using the best consecutive five years of last 10 years) plus 0.4 percent of Final Average Compensation in excess of the Social Security Covered Compensation, multiplied by years of service (including service at Honeywell) less the benefit accrued during employment at Honeywell.

Minimum Benefit

Two percent of Final Average Compensation multiplied by the first 25 years of service (including service at Honeywell) less 64 percent of Social Security Benefit less the benefit accrued during employment at Honeywell.

Early Pension

With 80 points, the basic benefit is computed as for normal retirement, except that the 0.4 percent benefit based on excess pay is discounted by three percent for each year that early retirement precedes age 62.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

With under 60 points at retirement, the basic benefit is computed as for normal retirement, discounted by three percent for each year that early retirement precedes age 62.

The minimum benefit before offset is reduced three percent for each year that early retirement precedes age 62, and the offset is multiplied by a fraction the numerator of which is service at retirement and the denominator of which is projected service at age 65. The offset is also reduced $6\frac{2}{3}$ percent for each of the first five years that early retirement precedes age 65 and $3\frac{1}{3}$ percent for each year in excess of five.

Disability Pension

Accrued benefit less the benefit accrued during employment at Honeywell payable immediately. If LTD and Social Security are available, benefit is deferred to age 65 with limited credit for time on disability.

Deferred Vested Pension

Accrued benefit less the benefit accrued during employment at Honeywell payable at age 65 (except that the offset is prorated as for early retirement); reduced $6\frac{2}{3}$ percent for each of the first five years and $3\frac{1}{3}$ percent for each year in excess of five for early commencement.

Preretirement Spouse's Benefit

For vested active employees, one half of the employee's accrued benefit less the benefit accrued during employment at Honeywell, payable immediately.

Normal Form of Payment

With Spouse

50 percent joint and survivor annuity actuarially equivalent to the single life annuity.

Without Spouse

Single life annuity.

Optional Forms of Payment

75 percent or 100 percent joint and survivor annuity, level income option, and 10-year certain and life.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Definitions

Final Average Compensation

Average of the Member's Compensation for the 60 consecutive calendar months in which the Member received the highest total Compensation, out of the 120 calendar months immediately preceding January 1, 2016. Compensation includes incentive compensation.

Social Security Benefit

The estimated monthly benefit that a Member would be entitled to receive at age 65, under the Social Security Act in effect on December 31, 2015.

Social Security Covered Compensation

The average of the Social Security taxable wage bases in effect for the 35-year period ending with Dec. 31, 2014.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Bendix Salaried

Participation in Plan

Salaried employees of former Bendix Companies. Participants must be actively employed by AdvanSix on October 2, 2016.

Employees hired before 2000 at Honeywell who were active on October 1, 2000 at Honeywell had the one-time option of electing the Retirement Earnings formula. Employees hired after 1999 in Honeywell participate in the Retirement Earnings formula.

Effective December 31, 2015, the formula was amended to freeze pensionable pay for all participants.

Eligibility for Benefits

Normal Pension

Age 65 and five years of vesting service.

Early Pension

- (1) Age 55 with five years of vesting service (including service at Honeywell).
- (2) Age plus vesting service (including service at Honeywell) equals 80 points.

Disability Pension

Immediate eligibility upon qualifying disability of five months.

Deferred Vested Pension

Five years of vesting service.

Preretirement Spouse's Benefit

- (1) Age 50.
- (2) Five years of vesting service (including service at Honeywell).

Amount of Pension

Normal Pension

The basic benefit is the difference between (1) and (2):

- (1) Two percent of Average Salary for each year of service (including service at Honeywell) up to 25 years, plus $\frac{1}{2}$ percent for each year in excess of 25.
- (2) Two percent of the Primary Social Security Benefit for each year of service (including service at Honeywell) up to 25 years.

The alternative minimum benefit is $\frac{3}{4}$ percent of Average Salary plus \$8, for each year of service (including service at Honeywell) up to 30.

In addition, a Medicare Part B Premium supplement of \$8.20 per month is payable to any retiree (except terminated vested retirees) or eligible surviving spouse age 65 or older.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

	The benefit is then offset by the benefit accrued while the participant was working at Honeywell.
Early Pension	The benefit is computed as for normal retirement with the following reductions:
Basic Benefit	Part (1) is reduced by two percent for each of the first five years plus four percent for each year in excess of five by which retirement date precedes age 65, subject to a maximum reduction of 25 percent if the employee has 80 “points”. The Social Security offset is applied only when Social Security is actually available (currently age 62) and is then reduced $6\frac{2}{3}$ percent per year for the first three years by which the later of retirement date and age 62 precedes the age for unreduced Social Security benefits. If the age for unreduced Social Security benefits is greater than age 65, the offset is further reduced five percent per year for up to another two years. The benefit is then offset by the benefit accrued at Honeywell; as adjusted for the early retirement reductions provided by Honeywell.
Alternative Minimum Benefit	Reduced by 7.2 percent for each of the first five years (including service at Honeywell) plus 4.8 percent for each year in excess of five by which retirement date precedes age 65, except that if the employee has at least 80 “points”, this reduction does not apply and a \$385 monthly supplement is added prior to eligibility for Social Security (currently age 62).
Disability Pension	A participant will accrue limited service while disabled, for purposes of determining a normal or early retirement benefit when otherwise eligible, at the participant’s election.
Deferred Vested Pension	Projected monthly pension, commencing at age 65, based on Average Salary prior to termination and on projected service to age 65, multiplied by the ratio of service at termination to projected service at age 65 (including service at Honeywell). If eligible, an early pension may be taken, but the benefit is reduced for early commencement and the benefit accrued at Honeywell.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Preretirement Spouse's Benefit

Where death occurs after the employee had satisfied the requirements for vesting, the spouse's benefit is subject to a minimum calculated as if the employee had retired early and elected a joint and 50 percent survivorship option, payable at the later of employee's death and earliest retirement age.

If a terminated vested participant dies before benefit commencement, spouse automatically receives 50 percent of the employee's accrued benefit, reduced for early retirement, survivorship option, and coverage. Benefit is payable at later of employee's death and earliest retirement age.

Postretirement Survivor's Benefit

A lump sum benefit equal to 15 percent of Average Salary (prorated for service (including service at Honeywell) less than 10 years at retirement), with a minimum of \$2,000, is paid upon death after retirement; benefit is offset by the amount accrued while employed at Honeywell.

Normal Form of Payment

With Spouse

50 percent joint and survivor annuity reduced per plan factors; automatic unless rejected in writing.

Without Spouse

Single life annuity.

Optional Forms of Payment

75 percent or 100 percent joint and survivor annuity, level income, 10-year certain and life, reduced per plan factors.

Definitions

Salary

Base rate of compensation plus incentive compensation, plus other qualifying payments as specified by the Plan Administrator.

Average Salary

Average of the 60 highest consecutive months of Salary in the last 120 months of employment.

Primary Social Security Benefit

Estimated benefit available at age 65 under the Social Security Act in effect on the date of termination. For retirement eligible participants, an assumption of zero future earnings is used. For others, level future earnings are assumed.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Pension Equity

Participation in Plan

Only Chesterfield, VA and Hopewell North, VA union locations participate. Chesterfield hires on or after May 20, 2014 and Hopewell North hires on or after October 1, 2013 are not eligible. Participants must be actively employed by AdvanSix on October 2, 2016.

Eligibility for Benefits

Normal Pension

Later of age 65 or three years of Vesting Service.

Early Retirement

Age 55 and 10 years of Vesting Service.

Disability Pension

Ten years of Vesting Service and eligible for Social Security disability benefits.

Vesting Pension

Three years of Vesting Service.

Preretirement Spouse's Benefit

Three years of Vesting Service.

Amount of Pension

Normal Pension

For all participants, pension equity amount equals:

Final Average Compensation times the sum of the percentage credits earned for each year (two percent per year) of Credited Service including service at Honeywell (see table below), less the benefit accrued during employment at Honeywell. Plan effective date and Credited Service start date shown below:

Location	Effective Date	Credited Service Start Date
Chesterfield, VA	09/01/2011	09/01/2011
Hopewell North, VA	06/15/2009	06/15/2009

In addition, the pension equity benefit payable cannot be less than the projected pension equity benefits payable at normal retirement age assuming constant Final Average Compensation and continuous employment to normal retirement age times the ratio of Credited Service over projected Credited Service at normal retirement age.

The pension equity amount calculated above is payable in the form of a lump sum.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Early Pension	Accrued benefit less the benefit accrued during employment at Honeywell reflecting pay and Credited Service (including service at Honeywell) through date of termination.
Disability Pension	Pension equity benefit calculated as for normal retirement, i.e., final average pay is frozen as of disability, but credits continue to accrue until the earlier of recovery or age 65. Participant may also elect immediate payment of accrued benefit, but service stops.
Deferred Vested Pension	Accrued benefit less the benefit accrued during employment at Honeywell reflecting pay and Credited Service through date of termination. Payments may commence immediately.
Preretirement Survivor's Benefit	For married participants, the surviving spouse will receive the participant's pension equity benefit converted to an equivalent single life annuity for the life of the spouse. The surviving spouse may also elect to receive the pension equity benefit as a single sum value. For unmarried participants, the pension equity benefit is payable to the participant's beneficiary or estate as a single sum value.
Normal Form of Payment	
With Spouse	50 percent joint and survivor annuity actuarially equivalent to the single life annuity; automatic unless rejected in writing. The single life annuity is the actuarial equivalent of the pension equity amount.
Without Spouse	Single life annuity.
Optional Forms of Payment	
Definitions	
Accrued Benefit	Single life annuity actuarial equivalent (payable at age 65) of participant's pension equity amount.
Actuarial Equivalent Basis	Interest rate equal to the three-segment Corporate Bond rates for the October preceding the plan year and the Applicable Mortality Table under IRS regulations.
Compensation	Total compensation, including incentive compensation but excluding items such as relocation reimbursements, nonqualified supplemental plan savings deferrals, etc.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Final Average Compensation

Twelve-month average of Compensation while a participant for the 60 consecutive full calendar months out of the last 120 months that produces the highest average. If an employee has fewer than 60 consecutive full calendar months of participation immediately preceding termination, all months of participation shall be used in the average.

Vesting Service

Period of service from date of hire through date of termination.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Retirement Earnings

Participation in Plan

Former salaried and nonunion hourly employees of Honeywell International, Inc. hired on or after January 1, 2000 and before January 1, 2013 participate in the Retirement Earnings formula. Former Honeywell employees hired before 2000 who elected into the plan also participate in this formula. Participants must be actively employed by AdvanSix on October 2, 2016.

Participation Date

Date of hire. Eligibility is immediate.

Eligibility for Benefits

Normal Retirement

The later of age 65 and three years of service.

Vested Pension

Three years of service.

Disability Pension

Eligibility for Social Security disability benefits.

Preretirement Death Benefit

Any age.

Amount of Pension

Formula

A lump sum equal to Final Average Compensation times six percent (three percent for those hired on or after January 1, 2009) for each year of Credited Service (including service at Honeywell) less the benefit accrued during employment at Honeywell.

Deferred Vested Pension

Accrued Benefit less the benefit accrued during employment at Honeywell reflecting pay and Credited Service (including service at Honeywell) through date of termination. Payments may commence immediately.

Disability Pension

Pension equity benefit calculated as for normal retirement, i.e., Final Average Compensation is frozen as of disability. Participant may also elect immediate payment of accrued benefit, but service stops.

Preretirement Spouse's Benefit

For married participants, the surviving spouse will receive the participant's pension equity benefit converted to an equivalent single life annuity for the life of the spouse. The surviving spouse may also elect to receive the pension equity benefit as a single sum value.

For unmarried participants, the pension equity benefit is payable to the participant's beneficiary or estate as a single sum value.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Normal Form of Payment

With Spouse	50 percent joint and survivor annuity actuarially equivalent to the single life annuity; automatic unless rejected in writing. The single life annuity is the Actuarial Equivalent of the pension equity amount.
Without Spouse	Single life annuity.

Optional Forms of Payment

100 percent joint and survivor annuity, single life annuity, single sum option.

Definitions

Accrued Benefit	Single life annuity Actuarial Equivalent (payable at age 65) of participant's pension equity amount.
Actuarial Equivalent Basis	Interest rate equal to the applicable interest rate (the three segment Corporate Bond Rate for the October preceding the plan year) and the applicable mortality table under IRS regulations. For conversion to and from lump sums, the interest rate is the lesser of five percent and the applicable interest rate.
Credited Service	Elapsed time from adjusted service date calculated to four decimal places based on days employed.
Disability	Permanent and total disability.
Compensation	Base pay, overtime, commissions, short term incentive compensation, payroll-based rewards and recognition, sales incentives, and lump sum incentives paid for the year.
Final Average Compensation	Annual average of Compensation for the highest five calendar years out of the last 10 that produces the highest average.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

UOP

Participation in Plan

Former Honeywell UOP plan participants hired prior to January 1, 2006. Participants must be active employed by AdvanSix as of October 2, 2016.

Effective December 31, 2015, the formula was amended to freeze pensionable pay for all participants.

Retirement Benefits

Age 65, or age 50 with 10 years.

Disability Benefits

Ten years of service.

Termination Benefits

Five years of service.

Death Benefits

Five years of service.

Amount of Benefits

At Retirement

Accrued benefit (except for (2)(ii), which is unreduced) reduced by four percent for each year by which commencement precedes age 60.

At Disability

Unreduced benefit accrued through date of disablement.

At Termination

Accrued benefit less the benefit accrued during employment at Honeywell payable at age 65, or, if 10 years' service (including service at Honeywell), reduced by six percent for each of the first five years by which commencement precedes age 65 and by four percent for each of the next 10 years.

At Death

- (1) On the death of a participant eligible for retirement, the surviving spouse is entitled to an annuity equal to 50 percent of the annuity which the deceased employee would have received had he retired the day before death.
- (2) If a participant with 10 years' service dies before age 50, benefits payable to the surviving spouse are deferred until the participant would have reached age 50.
- (3) If a participant had between 5 and 10 years' service at death, payments are deferred until he would have reached age 65.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Accrued Benefit

The larger of (1) and (2), less (3) where:

- (1) Is 1.2 percent of final three-year average base (plus shift) pay multiplied by years of service (including service at Honeywell), plus \$144 per year less the benefit accrued during employment at Honeywell;
- (2) Is (i) 1.5 percent of final three-year average total pay multiplied by years of service (including service at Honeywell), less (ii) 50 percent (or, if smaller, 1.5 percent times years of service or maximum offset allowable under IRS regulations) of the estimated Social Security benefit payable at the later of age 62 or termination, less the benefit accrued during employment at Honeywell.

Normal Form of Annuity

Single life annuity for unmarried participants and “statutory joint and survivor annuity” (50 percent contingent annuity which is the actuarial equivalent of the single life form) for married participants.

Optional Forms of Benefits

Single life annuity or its actuarially equivalent contingent annuity (50 percent or 100 percent) or certain and life annuity (10-, 15-, or 20-year periods).

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 AdvanSix Inc. Retirement Earnings Plan
 EIN: 81-2525089 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				11						
35-39				12	6					
40-44			1	17	2	2				
45-49			1	28 \$126,337	7	11	13			
50-54				23 \$129,131	8	14	23 \$148,320	19	2	
55-59			1	23 \$133,233	9	13	29 \$125,327	35 \$127,734	21 \$102,380	
60-64			2	27 \$129,318	6	7	22 \$140,101	17	20 \$110,253	9
65-69				7	3	3	1	5	6	16
70+				1	1	1			1	2

N-488

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 5,870,689	January 1, 2023	14	\$ 562,670
Shortfall	\$ (379,415)	January 1, 2024	15	\$ (34,677)

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 AdvanSix Inc. Retirement Earnings Plan
 EIN: 81-2525089 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100 percent retirement age.

All Others				Ret Earn, Pen Equity		
(a)	(b)	(c)	(d)			
Age	Rate	Weight	Product (a) × (b) × (c)	(b) Rate	(c) Weight	Product (a) × (b) × (c)
50.5	10.00%	1.0000	5.05	n/a	n/a	n/a
51.5	10.00%	0.9000	4.64	n/a	n/a	n/a
52.5	10.00%	0.8100	4.25	n/a	n/a	n/a
53.5	10.00%	0.7290	3.90	n/a	n/a	n/a
54.5	10.00%	0.6561	3.58	n/a	n/a	n/a
55.5	7.00%	0.5905	2.29	7.00%	1.0000	3.89
56.5	7.00%	0.5492	2.17	7.00%	0.9300	3.68
57.5	7.00%	0.5107	2.06	7.00%	0.8649	3.48
58.5	7.00%	0.4750	1.94	7.00%	0.8044	3.29
59.5	10.00%	0.4417	2.63	10.00%	0.7481	4.45
60.5	10.00%	0.3975	2.41	10.00%	0.6732	4.07
61.5	15.00%	0.3578	3.30	15.00%	0.6059	5.59
62.5	15.00%	0.3041	2.85	15.00%	0.5150	4.83
63.5	20.00%	0.2585	3.28	20.00%	0.4378	5.56
64.5	20.00%	0.2068	2.67	20.00%	0.3502	4.52
65.5	30.00%	0.1654	3.25	30.00%	0.2802	5.51
66.5	30.00%	0.1158	2.31	30.00%	0.1961	3.91
67.5	35.00%	0.0811	1.92	35.00%	0.1373	3.24
68.5	35.00%	0.0527	1.26	35.00%	0.0892	2.14
69.5	35.00%	0.0343	0.83	35.00%	0.0580	1.41
70	100.00%	0.0223	1.56	100.00%	0.0377	2.64
Weighted Average			58.15	Weighted Average 62.21		
Participant Count			284	Participant Count 204		
Plan Weighted Average				59.85		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Allied Hourly

Participation in Plan

Hourly employees at the locations shown below.
Participants must be actively employed by AdvanSix on October 2, 2016.

Union employees continue to participate in the Allied Hourly formula. New union employees hired after negotiated dates participate in the Pension Equity formula.

Pottsville, PA employees hired before 2000 who were active on October 1, 2000 had the one-time option of electing the Retirement Earnings formula. Those who were hired after 1999 participate in the Retirement Earnings formula. Effective December 31, 2015, the formula was amended to freeze pensionable pay for all Pottsville, PA participants. The Pottsville, PA plant was closed in July 2019.

Plant	Location	Collectively Bargained?
A40F	Chesterfield, VA	Yes
A40N	Hopewell, VA North	Yes
A40G	Hopewell, VA South	Yes

Eligibility for Benefits

Normal Pension

Age 65.

Early Pension

A participant may retire prior to his normal retirement date under the following conditions:

- (1) Age 62 with 10 years of service.
- (2) Age plus service equals 80 points.
- (3) Age 55 with 10 years of service.

Disability Pension

Ten years of service.

Deferred Vested Pension

Five years of service.

Preretirement Spouse's Benefit

Five years of service.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Amount of Pension

Normal Pension

Basic Benefit

1.2 percent of final average monthly Compensation (using highest three years of last 10 years) multiplied by all years of service (including service at Honeywell) less the benefit accrued during employment at Honeywell.

Minimum Benefit

A dollar amount multiplied by years of service (including service at Honeywell and dollar amount varies by location; see Plan Information table) less the benefit accrued during employment at Honeywell.

In addition, a Supplemental monthly benefit is payable (varies by location; see Plan Information table).

Early Pension

Under types (1) and (2), an unreduced normal retirement benefit. Under type (3) the benefit is reduced three percent for each year that payments commence prior to age 65. The flat benefit is also payable.

Disability Pension

The accrued benefit less the benefit accrued during employment at Honeywell payable immediately, subject to a minimum per month (varies by location; see Plan Information table). The flat benefit is also payable.

Deferred Vested Pension

Accrued benefit payable at age 65 less the benefit accrued during employment at Honeywell; reduced six percent per year that payment commences prior to age 65.

Preretirement Spouse's Benefit

For vested active employees, the surviving spouse automatically receives one half of the employee's accrued benefit, payable immediately. The flat benefit is also payable.

For terminated vested employees whose payments have not commenced, a benefit deferred to the participant's earliest retirement age equal to one half of the joint and 50 percent survivor benefit which would have been payable to the participant. An actuarial reduction is made in a participant's accrued benefit for this optional benefit.

Normal Form of Payment

With Spouse

50 percent joint and survivor annuity actuarially equivalent to the single life annuity. Automatic unless rejected in writing.

Without Spouse

Single life annuity.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Optional Forms of Payment

50 percent, 75 percent, or 100 percent joint and survivor annuity with or without pop-up feature; level income annuity; and 10 year certain and life annuity.

Definitions

Compensation

Total compensation received by the employee.

Plan Information Table

Date New Hires Into Pension Equity	Date New Hires Into Defined Contribution	Location	Minimum Benefit	Supplemental Benefit	Minimum Disability Benefit
09/01/2011	05/20/2014	Chesterfield, VA;	\$35	\$40	\$700
06/15/2009	10/01/2013	Hopewell, VA North	\$34	\$39	\$700
N/A	04/09/2013	Hopewell, VA South	\$35	\$40	\$700
01/01/2000 ¹	N/A	Pottsville, PA	\$30	\$35	\$650

¹ Due to the location participating in Choice.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Allied Salaried

Participation in Plan

Salaried employees at locations historically covered by the Allied Salaried plan. Participants must be actively employed by AdvanSix on October 2, 2016.

Former Honeywell Employees hired before 2000 that were active on October 1, 2000 had the one-time option of electing the Retirement Earnings formula. Former Honeywell Employees hired after 1999 participate in the Retirement Earnings formula.

Effective December 31, 2015, the formula was amended to freeze pensionable pay for all participants.

Eligibility for Benefits

Normal Pension

Age 65.

Early Pension

A participant may retire prior to his normal retirement date under the following conditions:

- (1) Age and service equals 80 points.
- (2) Age 50, five years of service, and 60 points.

Disability Pension

Ten years of service.

Deferred Vested Pension

Five years of service.

Preretirement Spouse's Benefit

Five years of service.

Amount of Pension

Normal Pension

Basic Benefit

1.1 percent of Final Average Compensation (using the best consecutive five years of last 10 years) plus 0.4 percent of Final Average Compensation in excess of the Social Security Covered Compensation, multiplied by years of service (including service at Honeywell) less the benefit accrued during employment at Honeywell.

Minimum Benefit

Two percent of Final Average Compensation multiplied by the first 25 years of service (including service at Honeywell) less 64 percent of Social Security Benefit less the benefit accrued during employment at Honeywell.

Early Pension

With 80 points, the basic benefit is computed as for normal retirement, except that the 0.4 percent benefit based on excess pay is discounted by three percent for each year that early retirement precedes age 62.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

With under 60 points at retirement, the basic benefit is computed as for normal retirement, discounted by three percent for each year that early retirement precedes age 62.

The minimum benefit before offset is reduced three percent for each year that early retirement precedes age 62, and the offset is multiplied by a fraction the numerator of which is service at retirement and the denominator of which is projected service at age 65. The offset is also reduced $6\frac{2}{3}$ percent for each of the first five years that early retirement precedes age 65 and $3\frac{1}{3}$ percent for each year in excess of five.

Disability Pension

Accrued benefit less the benefit accrued during employment at Honeywell payable immediately. If LTD and Social Security are available, benefit is deferred to age 65 with limited credit for time on disability.

Deferred Vested Pension

Accrued benefit less the benefit accrued during employment at Honeywell payable at age 65 (except that the offset is prorated as for early retirement); reduced $6\frac{2}{3}$ percent for each of the first five years and $3\frac{1}{3}$ percent for each year in excess of five for early commencement.

Preretirement Spouse's Benefit

For vested active employees, one half of the employee's accrued benefit less the benefit accrued during employment at Honeywell, payable immediately.

Normal Form of Payment

With Spouse

50 percent joint and survivor annuity actuarially equivalent to the single life annuity.

Without Spouse

Single life annuity.

Optional Forms of Payment

75 percent or 100 percent joint and survivor annuity, level income option, and 10-year certain and life.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Definitions

Final Average Compensation

Average of the Member's Compensation for the 60 consecutive calendar months in which the Member received the highest total Compensation, out of the 120 calendar months immediately preceding January 1, 2016. Compensation includes incentive compensation.

Social Security Benefit

The estimated monthly benefit that a Member would be entitled to receive at age 65, under the Social Security Act in effect on December 31, 2015.

Social Security Covered Compensation

The average of the Social Security taxable wage bases in effect for the 35-year period ending with Dec. 31, 2014.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Bendix Salaried

Participation in Plan

Salaried employees of former Bendix Companies. Participants must be actively employed by AdvanSix on October 2, 2016.

Employees hired before 2000 at Honeywell who were active on October 1, 2000 at Honeywell had the one-time option of electing the Retirement Earnings formula. Employees hired after 1999 in Honeywell participate in the Retirement Earnings formula.

Effective December 31, 2015, the formula was amended to freeze pensionable pay for all participants.

Eligibility for Benefits

Normal Pension

Age 65 and five years of vesting service.

Early Pension

- (1) Age 55 with five years of vesting service (including service at Honeywell).
- (2) Age plus vesting service (including service at Honeywell) equals 80 points.

Disability Pension

Immediate eligibility upon qualifying disability of five months.

Deferred Vested Pension

Five years of vesting service.

Preretirement Spouse's Benefit

- (1) Age 50.
- (2) Five years of vesting service (including service at Honeywell).

Amount of Pension

Normal Pension

The basic benefit is the difference between (1) and (2):

- (1) Two percent of Average Salary for each year of service (including service at Honeywell) up to 25 years, plus $\frac{1}{2}$ percent for each year in excess of 25.
- (2) Two percent of the Primary Social Security Benefit for each year of service (including service at Honeywell) up to 25 years.

The alternative minimum benefit is $\frac{3}{4}$ percent of Average Salary plus \$8, for each year of service (including service at Honeywell) up to 30.

In addition, a Medicare Part B Premium supplement of \$8.20 per month is payable to any retiree (except terminated vested retirees) or eligible surviving spouse age 65 or older.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

	The benefit is then offset by the benefit accrued while the participant was working at Honeywell.
Early Pension	The benefit is computed as for normal retirement with the following reductions:
Basic Benefit	Part (1) is reduced by two percent for each of the first five years plus four percent for each year in excess of five by which retirement date precedes age 65, subject to a maximum reduction of 25 percent if the employee has 80 “points”. The Social Security offset is applied only when Social Security is actually available (currently age 62) and is then reduced $6\frac{2}{3}$ percent per year for the first three years by which the later of retirement date and age 62 precedes the age for unreduced Social Security benefits. If the age for unreduced Social Security benefits is greater than age 65, the offset is further reduced five percent per year for up to another two years. The benefit is then offset by the benefit accrued at Honeywell; as adjusted for the early retirement reductions provided by Honeywell.
Alternative Minimum Benefit	Reduced by 7.2 percent for each of the first five years (including service at Honeywell) plus 4.8 percent for each year in excess of five by which retirement date precedes age 65, except that if the employee has at least 80 “points”, this reduction does not apply and a \$385 monthly supplement is added prior to eligibility for Social Security (currently age 62).
Disability Pension	A participant will accrue limited service while disabled, for purposes of determining a normal or early retirement benefit when otherwise eligible, at the participant’s election.
Deferred Vested Pension	Projected monthly pension, commencing at age 65, based on Average Salary prior to termination and on projected service to age 65, multiplied by the ratio of service at termination to projected service at age 65 (including service at Honeywell). If eligible, an early pension may be taken, but the benefit is reduced for early commencement and the benefit accrued at Honeywell.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Preretirement Spouse's Benefit

Where death occurs after the employee had satisfied the requirements for vesting, the spouse's benefit is subject to a minimum calculated as if the employee had retired early and elected a joint and 50 percent survivorship option, payable at the later of employee's death and earliest retirement age.

If a terminated vested participant dies before benefit commencement, spouse automatically receives 50 percent of the employee's accrued benefit, reduced for early retirement, survivorship option, and coverage. Benefit is payable at later of employee's death and earliest retirement age.

Postretirement Survivor's Benefit

A lump sum benefit equal to 15 percent of Average Salary (prorated for service (including service at Honeywell) less than 10 years at retirement), with a minimum of \$2,000, is paid upon death after retirement; benefit is offset by the amount accrued while employed at Honeywell.

Normal Form of Payment

With Spouse

50 percent joint and survivor annuity reduced per plan factors; automatic unless rejected in writing.

Without Spouse

Single life annuity.

Optional Forms of Payment

75 percent or 100 percent joint and survivor annuity, level income, 10-year certain and life, reduced per plan factors.

Definitions

Salary

Base rate of compensation plus incentive compensation, plus other qualifying payments as specified by the Plan Administrator.

Average Salary

Average of the 60 highest consecutive months of Salary in the last 120 months of employment.

Primary Social Security Benefit

Estimated benefit available at age 65 under the Social Security Act in effect on the date of termination. For retirement eligible participants, an assumption of zero future earnings is used. For others, level future earnings are assumed.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Pension Equity

Participation in Plan

Only Chesterfield, VA and Hopewell North, VA union locations participate. Chesterfield hires on or after May 20, 2014 and Hopewell North hires on or after October 1, 2013 are not eligible. Participants must be actively employed by AdvanSix on October 2, 2016.

Eligibility for Benefits

Normal Pension

Later of age 65 or three years of Vesting Service.

Early Retirement

Age 55 and 10 years of Vesting Service.

Disability Pension

Ten years of Vesting Service and eligible for Social Security disability benefits.

Vesting Pension

Three years of Vesting Service.

Preretirement Spouse's Benefit

Three years of Vesting Service.

Amount of Pension

Normal Pension

For all participants, pension equity amount equals:

Final Average Compensation times the sum of the percentage credits earned for each year (two percent per year) of Credited Service including service at Honeywell (see table below), less the benefit accrued during employment at Honeywell. Plan effective date and Credited Service start date shown below:

Location	Effective Date	Credited Service Start Date
Chesterfield, VA	09/01/2011	09/01/2011
Hopewell North, VA	06/15/2009	06/15/2009

In addition, the pension equity benefit payable cannot be less than the projected pension equity benefits payable at normal retirement age assuming constant Final Average Compensation and continuous employment to normal retirement age times the ratio of Credited Service over projected Credited Service at normal retirement age.

The pension equity amount calculated above is payable in the form of a lump sum.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Early Pension	Accrued benefit less the benefit accrued during employment at Honeywell reflecting pay and Credited Service (including service at Honeywell) through date of termination.
Disability Pension	Pension equity benefit calculated as for normal retirement, i.e., final average pay is frozen as of disability, but credits continue to accrue until the earlier of recovery or age 65. Participant may also elect immediate payment of accrued benefit, but service stops.
Deferred Vested Pension	Accrued benefit less the benefit accrued during employment at Honeywell reflecting pay and Credited Service through date of termination. Payments may commence immediately.
Preretirement Survivor's Benefit	For married participants, the surviving spouse will receive the participant's pension equity benefit converted to an equivalent single life annuity for the life of the spouse. The surviving spouse may also elect to receive the pension equity benefit as a single sum value. For unmarried participants, the pension equity benefit is payable to the participant's beneficiary or estate as a single sum value.
Normal Form of Payment	
With Spouse	50 percent joint and survivor annuity actuarially equivalent to the single life annuity; automatic unless rejected in writing. The single life annuity is the actuarial equivalent of the pension equity amount.
Without Spouse	Single life annuity.
Optional Forms of Payment	
Definitions	
Accrued Benefit	Single life annuity actuarial equivalent (payable at age 65) of participant's pension equity amount.
Actuarial Equivalent Basis	Interest rate equal to the three-segment Corporate Bond rates for the October preceding the plan year and the Applicable Mortality Table under IRS regulations.
Compensation	Total compensation, including incentive compensation but excluding items such as relocation reimbursements, nonqualified supplemental plan savings deferrals, etc.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Final Average Compensation

Twelve-month average of Compensation while a participant for the 60 consecutive full calendar months out of the last 120 months that produces the highest average. If an employee has fewer than 60 consecutive full calendar months of participation immediately preceding termination, all months of participation shall be used in the average.

Vesting Service

Period of service from date of hire through date of termination.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Retirement Earnings

Participation in Plan

Former salaried and nonunion hourly employees of Honeywell International, Inc. hired on or after January 1, 2000 and before January 1, 2013 participate in the Retirement Earnings formula. Former Honeywell employees hired before 2000 who elected into the plan also participate in this formula. Participants must be actively employed by AdvanSix on October 2, 2016.

Participation Date

Date of hire. Eligibility is immediate.

Eligibility for Benefits

Normal Retirement

The later of age 65 and three years of service.

Vested Pension

Three years of service.

Disability Pension

Eligibility for Social Security disability benefits.

Preretirement Death Benefit

Any age.

Amount of Pension

Formula

A lump sum equal to Final Average Compensation times six percent (three percent for those hired on or after January 1, 2009) for each year of Credited Service (including service at Honeywell) less the benefit accrued during employment at Honeywell.

Deferred Vested Pension

Accrued Benefit less the benefit accrued during employment at Honeywell reflecting pay and Credited Service (including service at Honeywell) through date of termination. Payments may commence immediately.

Disability Pension

Pension equity benefit calculated as for normal retirement, i.e., Final Average Compensation is frozen as of disability. Participant may also elect immediate payment of accrued benefit, but service stops.

Preretirement Spouse's Benefit

For married participants, the surviving spouse will receive the participant's pension equity benefit converted to an equivalent single life annuity for the life of the spouse. The surviving spouse may also elect to receive the pension equity benefit as a single sum value.

For unmarried participants, the pension equity benefit is payable to the participant's beneficiary or estate as a single sum value.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Normal Form of Payment

With Spouse	50 percent joint and survivor annuity actuarially equivalent to the single life annuity; automatic unless rejected in writing. The single life annuity is the Actuarial Equivalent of the pension equity amount.
Without Spouse	Single life annuity.

Optional Forms of Payment

100 percent joint and survivor annuity, single life annuity, single sum option.

Definitions

Accrued Benefit	Single life annuity Actuarial Equivalent (payable at age 65) of participant's pension equity amount.
Actuarial Equivalent Basis	Interest rate equal to the applicable interest rate (the three segment Corporate Bond Rate for the October preceding the plan year) and the applicable mortality table under IRS regulations. For conversion to and from lump sums, the interest rate is the lesser of five percent and the applicable interest rate.
Credited Service	Elapsed time from adjusted service date calculated to four decimal places based on days employed.
Disability	Permanent and total disability.
Compensation	Base pay, overtime, commissions, short term incentive compensation, payroll-based rewards and recognition, sales incentives, and lump sum incentives paid for the year.
Final Average Compensation	Annual average of Compensation for the highest five calendar years out of the last 10 that produces the highest average.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

UOP

Participation in Plan

Former Honeywell UOP plan participants hired prior to January 1, 2006. Participants must be active employed by AdvanSix as of October 2, 2016.

Effective December 31, 2015, the formula was amended to freeze pensionable pay for all participants.

Retirement Benefits

Age 65, or age 50 with 10 years.

Disability Benefits

Ten years of service.

Termination Benefits

Five years of service.

Death Benefits

Five years of service.

Amount of Benefits

At Retirement

Accrued benefit (except for (2)(ii), which is unreduced) reduced by four percent for each year by which commencement precedes age 60.

At Disability

Unreduced benefit accrued through date of disablement.

At Termination

Accrued benefit less the benefit accrued during employment at Honeywell payable at age 65, or, if 10 years' service (including service at Honeywell), reduced by six percent for each of the first five years by which commencement precedes age 65 and by four percent for each of the next 10 years.

At Death

- (1) On the death of a participant eligible for retirement, the surviving spouse is entitled to an annuity equal to 50 percent of the annuity which the deceased employee would have received had he retired the day before death.
- (2) If a participant with 10 years' service dies before age 50, benefits payable to the surviving spouse are deferred until the participant would have reached age 50.
- (3) If a participant had between 5 and 10 years' service at death, payments are deferred until he would have reached age 65.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Accrued Benefit

The larger of (1) and (2), less (3) where:

- (1) Is 1.2 percent of final three-year average base (plus shift) pay multiplied by years of service (including service at Honeywell), plus \$144 per year less the benefit accrued during employment at Honeywell;
- (2) Is (i) 1.5 percent of final three-year average total pay multiplied by years of service (including service at Honeywell), less (ii) 50 percent (or, if smaller, 1.5 percent times years of service or maximum offset allowable under IRS regulations) of the estimated Social Security benefit payable at the later of age 62 or termination, less the benefit accrued during employment at Honeywell.

Normal Form of Annuity

Single life annuity for unmarried participants and “statutory joint and survivor annuity” (50 percent contingent annuity which is the actuarial equivalent of the single life form) for married participants.

Optional Forms of Benefits

Single life annuity or its actuarially equivalent contingent annuity (50 percent or 100 percent) or certain and life annuity (10-, 15-, or 20-year periods).

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

ADVANSIX INC. RETIREMENT EARNINGS PLAN
E.I.N. 81-2525089 PLAN NO. 002
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	MFB NT Collective Russell 1000 Index Fund	Common and Collective Trust Fund	\$ 14,251,060	\$ 17,742,651
*	MFB NT Collective Long Term Gov/Credit Bond Index	Common and Collective Trust Fund	22,976,228	22,034,329
*	MFB NT Collective EAFE Index Fund	Common and Collective Trust Fund	16,958,693	17,618,246
*	MFB NT Collective MSCI Emerging Markets Fund	Common and Collective Trust Fund	4,831,885	5,184,398
*	MFB NT Collective Russell 2000 Index Fund	Common and Collective Trust Fund	3,676,706	4,100,852
*	MFB NT Collective Global Real Estate Index Fund	Common and Collective Trust Fund	1,872,583	1,899,068
*	MFB NT Collective Short Term Investment Fund	Common and Collective Trust Fund	1,603,612	1,603,612
	MFO PIMCO StocksPLUS Long Duration Fund	Mutual Fund	19,348,274	17,492,429
	Principal Real Estate Inv. U.S. Prop. Separate Acct.	Pooled Separate Account	1,390,577	1,359,868
			<u>\$ 86,909,618</u>	<u>\$ 89,035,453</u>

* Indicates party-in-interest

Schedule SB Attachment (Form 5500) — 2024 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 5,870,689	January 1, 2023	14	\$ 562,670
Shortfall	\$ (379,415)	January 1, 2024	15	\$ (34,677)