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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
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
973-526-1664

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.	10/14/2026	KATE EINSPAHR
	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**	845
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)**	443
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	393
b	Retired or separated participants receiving benefits	**6b**	309
c	Other retired or separated participants entitled to future benefits	**6c**	113
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	815
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	14
f	Total. Add lines **6d** and **6e**.	**6f**	829
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 Characteristic Codes in the instructions:

1A 1C

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	88945023
b Actuarial value	**2b**	85040918

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	289	32291563	32291563
b For terminated vested participants	113	2918096	2918096
c For active participants	443	45952564	49036262
d Total	845	81162223	84245921

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	5385049
b Expected plan-related expenses	**6b**	625000
c Target normal cost	**6c**	6010049

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

09/24/2026
Date

DITAH RIMER
Type or print name of actuary

26-05562
Most recent enrollment number

AON CONSULTING, INC.
Firm name

212-441-2000
Telephone number (including area code)

MSC# 17837, AON
P.O. BOX 6718
SOMERSET, NJ 08875

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	14077436
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6441609
9	Amount remaining (line 7 minus line 8)	0	7635827
10	Interest on line 9 using prior year's actual return of 8.00 %	0	610866
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 5.23 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8246693

Part III Funding Percentages

14	Funding target attainment percentage	14	91.15 %
15	Adjusted funding target attainment percentage	15	100.94 %
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	92.92 %
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
07/10/2026	1100000	0			
09/11/2026	500000	0			
			Totals ► 18(b)	1600000	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	1473740

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ 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**	6010049
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	7451696	743814
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**	6753863

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6753863	6753863

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**	1473740

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1473740
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1473740
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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).. . . . . [X] 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

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

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

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 13	NONE	368503	Yes [ ] No [X]	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	85308	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	38500	Yes [ ] No [X]	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

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(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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-084	C	595355

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-082	C	2103844

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-094	C	27676774

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-095	C	9370595

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-096	C	3432092

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-024	C	18820728

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-085	C	6214496

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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)	0	1600000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4308	2458
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)	1359868	1413826
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	70183156	68213884
(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)	17492429	31582044
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	89039761	102812212
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	94738	91514
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	94738	91514
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	88945023	102720698

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)	1600000	
(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)		1600000
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)	3787509	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3787509
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	53958	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		53958

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		11079387
(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)		1347155
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		17868009
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3510453	
(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)		3510453
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)	319021	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	38500	
(6) Bank or trust company trustee/custodial fees	2i(6)	85308	
(7) Actuarial fees	2i(7)	49482	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	89570	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		581881
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4092334
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		13775675
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) [X] 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) [X] 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586116.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 | 11

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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_____.

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | *NEIGHBORS*
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS |

ADVANSIX INC. RETIREMENT EARNINGS PLAN

FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2025 AND 2024

Right there with you

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ADVANSIX INC. RETIREMENT EARNINGS PLAN
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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 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, 2025 and 2024, 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, 2025 and 2024, 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

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Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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 within 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, 2025 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.

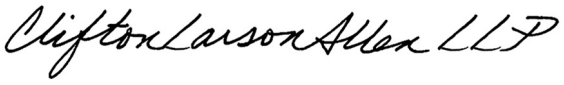
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations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

Plan Administrator
AdvanSix Inc. Retirement Earnings Plan

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).



CliftonLarsonAllen LLP

West Hartford, Connecticut
October 6, 2026

ADVANSIX INC. RETIREMENT EARNINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)		
Common and Collective Trust Funds	$ 68,213,884	$ 70,183,156
Mutual Funds	31,582,044	17,492,429
Pooled Separate Accounts	1,413,826	1,359,868
Total Investments, at Fair Value	101,209,754	89,035,453
RECEIVABLES		
Employer Contributions	1,600,000	-
Accrued Income	2,458	4,308
Total Receivables	1,602,458	4,308
Total Assets	102,812,212	89,039,761
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	91,514	94,738
NET ASSETS AVAILABLE FOR BENEFITS	$ 102,720,698	$ 88,945,023

See accompanying Notes to Financial Statements.

ADVANSIX INC. RETIREMENT EARNINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	$ 12,480,500	$ 5,321,253
Interest and Dividends	3,787,509	1,410,161
Net Investment Income	16,268,009	6,731,414
EMPLOYER CONTRIBUTIONS	1,600,000	-
Net Additions	17,868,009	6,731,414
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	3,510,453	3,097,628
ADMINISTRATIVE EXPENSES	581,881	605,961
Total Deductions	4,092,334	3,703,589
NET INCREASE	13,775,675	3,027,825
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	88,945,023	85,917,198
End of Year	$ 102,720,698	$ 88,945,023

See accompanying Notes to Financial Statements.

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.

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 October 6, 2026, the date the financial statements were available to be issued.

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, 2025 and 2024 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, 2025 and 2024.

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, 2026 and 2025. Had the valuations been performed as of December 31, 2025 and 2024, there would be no material differences.

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

	2025	2024
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested Benefits:		
Participants Currently Receiving Payments	$ 35,391,848	$ 29,231,143
Other Participants	43,356,050	42,651,197
Total Vested Benefits	78,747,898	71,882,340
NONVESTED BENEFITS	2,371,106	2,557,488
Total Actuarial Present Value of Accumulated Plan Benefits	$ 81,119,004	$ 74,439,828

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:

	2025	2024
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - BEGINNING OF YEAR	$ 74,439,828	$ 67,217,450
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Interest Accumulation	4,726,295	4,270,046
Change in Actuarial Assumptions [1]	(10,999)	(11,279)
Benefits Paid	(3,510,453)	(3,097,628)
Other Changes [2]	5,474,333	6,061,239
Net Increase	6,679,176	7,222,378
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - END OF YEAR	$ 81,119,004	$ 74,439,828

[1] For 2025, the changes in actuarial assumptions component includes a change in the 417(e) basis from the 2025 Plan year basis to the 2026 plan year basis. For 2024, the changes in actuarial assumptions component includes a change in the 417(e) mortality from the 2024 plan year basis to the 2025 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, 2025 and 2024 are as follows:

Actuarial Cost Method	Unit Credit Cost Method (2025 and 2024)
Mortality Rates	Pri-2012 with Scale MP-2021 (2025 and 2024)
Assumed Rate of Return	6.50% Compounded Annually (2025 and 2024)
Retirement Age	Rates Graded by Age and Service (2025 and 2024)
Inflation Rate	2.25% (2025 and 2024)

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).

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, 2025 and 2024.

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:

	2025				
	Level 1	Level 2	Level 3	Measured at Net Asset Value	Total
Common and Collective Trust Funds	$ -	$ -	$ -	$ 68,213,884	$ 68,213,884
Mutual Funds	31,582,044	-	-	-	31,582,044
Pooled Separate Accounts	-	-	-	1,413,826	1,413,826
Investments at Fair Value	$ 31,582,044	$ -	$ -	$ 69,627,710	$ 101,209,754

	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	$ 17,492,429	$ -	$ -	$ 71,543,024	$ 89,035,453

There were no transfers between levels of investments during the years ended December 31, 2025 and 2024.

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.

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 $500,208 and $518,394 for the years ended December 31, 2025 and 2024, 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 2025, that ceiling is $7,432 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 od at the time of retirement or Plan termination (whichever comes later).

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.

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, 2025

(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	$ 3,992,494	$ 9,370,595
*	MFB NT Collective Long Term Gov/Credit Bond Index	Common and Collective Trust Fund	26,562,829	27,676,774
*	MFB NT Collective EAFE Index Fund Non-Lending	Common and Collective Trust Fund	10,767,944	18,820,728
*	MFB NT Collective MSCI Emerging Markets Fund	Common and Collective Trust Fund	4,167,018	6,214,496
*	MFB NT Collective Russell 2000 Index Fund	Common and Collective Trust Fund	2,166,506	3,432,092
*	MFB NT Collective Global Real Estate Index Fund	Common and Collective Trust Fund	1,630,253	2,103,844
*	MFB NT Collective Short Term Investment Fund	Common and Collective Trust Fund	595,355	595,355
	MFO PIMCO StocksPLUS Long Duration Fund	Mutual Fund	32,090,734	31,582,044
	Principal Real Estate Inv. U.S. Prop. Separate Acct.	Pooled Separate Account	1,500,000	1,413,826
			$ 83,473,133	$ 101,209,754

** Indicates party-in-interest*

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, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category I - Single Transactions in Excess of 5%								
* MFB NT Collective Short Term Investment Fund	Common and Collective Trust Fund	$ 9,000,000	$ -	$ -	$ -	$ 9,000,000	$ 9,000,000	$ -
* MFB NT Collective Short Term Investment Fund	Common and Collective Trust Fund		9,000,000	-	-	9,000,000	9,000,000	-
* MFB NT Collective Russell 1000 Index Fund	Common and Collective Trust Fund	-	9,000,000	-	-	4,322,031	9,000,000	4,677,969
MFO PIMCO StocksPLUS Long Duration Fund	Mutual Fund	9,000,000	-	-	-	9,000,000	9,000,000	-
Category III - Series of Transactions in Excess of 5%								
MFO PIMCO StocksPLUS Long Duration Fund	Mutual Fund							
Total purchases: 5		12,742,460	-	-	-	12,742,460	12,742,460	-
Total sales: 0		-	-	-	-	-	-	-
* MFB NT Collective Russell 1000 Index Fund	Common and Collective Trust Fund							
Total purchases: 0		-	-	-	-	-	-	-
Total sales: 7		-	10,303,487	-	-	4,877,637	10,303,487	5,425,850
* MFB NT Collective Short Term Investment Fund	Common and Collective Trust Fund							
Total purchases: 42		19,251,927	-	-	-	19,251,927	19,251,927	-
Total sales: 48		-	20,260,184	-	-	20,260,184	20,260,184	-

** Indicates party-in-interest*

Note: There were no Category II or IV transactions for the year ended December 31, 2025



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAglobal.com/disclaimer. Securities and investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor, member FINRA/SIPC.

Schedule SB Attachment (Form 5500) — 2025 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, 2025

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				4						
35-39				13	5					
40-44			1	10	4		1			
45-49				29 $128,391	5	6	13			
50-54				20 $128,758	10	5	22 $145,850	16	2	
55-59			1	21 $121,889	7	11	25 $141,301	27 $136,954	19	1
60-64				27 $131,568	4	7	22 $128,748	22 $134,600	24 $103,565	10
65-69				6	2	3	1	6	5	14
70+				3	2	2				5

N-443

Schedule SB Attachment (Form 5500) — 2025 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes — Based on segment rates with no lookback (as of January 2025), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA

1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.50%

Interest Rates for Maximum Tax Purposes — Based on segment rates with no lookback (as of January 2025), without regard to interest rate stabilization

1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.40%

Salary Increases

Minimum Funding Target Normal Cost

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) — 2025 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 $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
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 (current term vested ppts.)	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
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	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
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	
2023 Plan Year	6.50%, limited to 5.74%
2024 Plan Year	6.50%, limited to 5.59%
2025 Plan Year	6.50%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	Same as fiscal year accounting expense load ($625,000 for 2025)
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

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.

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%

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

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, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category I - Single Transactions in Excess of 5%								
* MFB NT Collective Short Term Investment Fund	Common and Collective Trust Fund	$ 9,000,000	$ -	$ -	$ -	$ 9,000,000	$ 9,000,000	$ -
* MFB NT Collective Short Term Investment Fund	Common and Collective Trust Fund		9,000,000	-	-	9,000,000	9,000,000	-
* MFB NT Collective Russell 1000 Index Fund	Common and Collective Trust Fund	-	9,000,000	-	-	4,322,031	9,000,000	4,677,969
MFO PIMCO StocksPLUS Long Duration Fund	Mutual Fund	9,000,000	-	-	-	9,000,000	9,000,000	-
Category III - Series of Transactions in Excess of 5%								
MFO PIMCO StocksPLUS Long Duration Fund	Mutual Fund							
Total purchases: 5		12,742,460	-	-	-	12,742,460	12,742,460	-
Total sales: 0		-	-	-	-	-	-	-
* MFB NT Collective Russell 1000 Index Fund	Common and Collective Trust Fund							
Total purchases: 0		-	-	-	-	-	-	-
Total sales: 7		-	10,303,487	-	-	4,877,637	10,303,487	5,425,850
* MFB NT Collective Short Term Investment Fund	Common and Collective Trust Fund							
Total purchases: 42		19,251,927	-	-	-	19,251,927	19,251,927	-
Total sales: 48		-	20,260,184	-	-	20,260,184	20,260,184	-

** Indicates party-in-interest*

Note: There were no Category II or IV transactions for the year ended December 31, 2025

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	88,945,023
b Actuarial value	**2b**	85,040,918

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	289	32,291,563	32,291,563
b For terminated vested participants	113	2,918,096	2,918,096
c For active participants	443	45,952,564	49,036,262
d Total	845	81,162,223	84,245,921

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	5,385,049
b Expected plan-related expenses	**6b**	625,000
c Target normal cost	**6c**	6,010,049

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

09/24/2026
Date

Ditah Rimer
Type or print name of actuary

2605562
Most recent enrollment number

Aon Consulting, Inc.
Firm name

212-441-2000
Telephone number (including area code)

MSC# 17837, Aon
P.O. Box 6718
Somerset NJ 08875
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	14,077,436
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6,441,609
9	Amount remaining (line 7 minus line 8)	0	7,635,827
10	Interest on line 9 using prior year's actual return of 8.00 %	0	610,866
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 5.23 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8,246,693

Part III Funding Percentages

14	Funding target attainment percentage	14	91.15 %
15	Adjusted funding target attainment percentage	15	100.94 %
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	92.92 %
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
07/10/2026	1,100,000	0			
09/11/2026	500,000	0			
			Totals ► 18(b)	1,600,000	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	1,473,740

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ 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**	6,010,049
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	7,451,696	743,814
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**	6,753,863

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6,753,863	6,753,863

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**	1,473,740

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1,473,740
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1,473,740
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) — 2025 Plan Year
AdvanSix Inc. Retirement Earnings Plan
EIN: 81-2525089 PN: 002

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.36%	Interest Adjusted Contribution
July 10, 2026	$ 1,100,000	555	$ 1,016,045
September 11, 2026	500,000	618	457,695
Total Contribution	$ 1,600,000		$ 1,473,740

Schedule SB Attachment (Form 5500) — 2025 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% retirement age.

All Others			
(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
50.5	10%	1.0000	5.05
51.5	10%	0.9000	4.64
52.5	10%	0.8100	4.25
53.5	10%	0.7290	3.90
54.5	10%	0.6561	3.58
55.5	7%	0.5905	2.29
56.5	7%	0.5492	2.17
57.5	7%	0.5107	2.06
58.5	7%	0.4750	1.94
59.5	10%	0.4417	2.63
60.5	10%	0.3975	2.41
61.5	15%	0.3578	3.30
62.5	15%	0.3041	2.85
63.5	20%	0.2585	3.28
64.5	20%	0.2068	2.67
65.5	30%	0.1654	3.25
66.5	30%	0.1158	2.31
67.5	35%	0.0811	1.92
68.5	35%	0.0527	1.26
69.5	35%	0.0343	0.83
70	100%	0.0223	1.56
		Weighted Average	58.15
		Count	258

Ret Earn, Pen Equity			
(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a
55.5	7%	1.0000	3.89
56.5	7%	0.9300	3.68
57.5	7%	0.8649	3.48
58.5	7%	0.8044	3.29
59.5	10%	0.7481	4.45
60.5	10%	0.6732	4.07
61.5	15%	0.6059	5.59
62.5	15%	0.5150	4.83
63.5	20%	0.4378	5.56
64.5	20%	0.3502	4.52
65.5	30%	0.2802	5.51
66.5	30%	0.1961	3.91
67.5	35%	0.1373	3.24
68.5	35%	0.0892	2.14
69.5	35%	0.0580	1.41
70	100%	0.0377	2.64
		Weighted Average	62.21
		Count	185

Plan Weighted Average 59.85

Schedule SB Attachment (Form 5500) — 2025 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.

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.

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.

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. With under 80 points at retirement, the entire basic benefit is computed as for normal retirement, discounted by three percent for each year that early retirement precedes age 62. Regardless of the number of points, the minimum benefit before offset is reduced three percent for each year that early retirement precedes age 62. The offset is first 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 then reduced by 6⅔ percent for each of the first five years that early retirement precedes age 65 and 3⅓ 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 6⅔ percent for each of the first five years and 3⅓ 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.

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.

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 ½ 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 ¾ 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.

	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 6⅔ 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.

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.

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.

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	100 percent joint and survivor 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 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.

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.

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.

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.

UOP

Participation in Plan	Former Honeywell UOP plan participants hired prior to January 1, 2006. Participants must be actively employed by AdvanSix as of October 2, 2016. Effective December 31, 2015, the formula was amended to freeze pensionable pay for all participants.
Eligibility for Benefits	
Normal Retirement Benefit	Age 65.
Early Retirement Benefit	Age 50 with ten years of service.
Disability Benefit	Ten years of service.
Termination Benefit	Five years of service.
Death Benefit	Five years of service.
Amount of Benefits	
Normal Retirement 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.
Early Retirement Benefit	Normal retirement benefit reduced by four percent for each year by which commencement precedes age 60, except for (2)(ii), which is unreduced.
Disability Benefit	Unreduced benefit accrued through date of disablement.
Termination Benefit	Normal retirement benefit less the benefit accrued during employment at Honeywell payable at age 65, or, if 10 years of 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.

Death Benefit	(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.
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	Singe 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, 2025

(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	$ 3,992,494	$ 9,370,595
*	MFB NT Collective Long Term Gov/Credit Bond Index	Common and Collective Trust Fund	26,562,829	27,676,774
*	MFB NT Collective EAFE Index Fund Non-Lending	Common and Collective Trust Fund	10,767,944	18,820,728
*	MFB NT Collective MSCI Emerging Markets Fund	Common and Collective Trust Fund	4,167,018	6,214,496
*	MFB NT Collective Russell 2000 Index Fund	Common and Collective Trust Fund	2,166,506	3,432,092
*	MFB NT Collective Global Real Estate Index Fund	Common and Collective Trust Fund	1,630,253	2,103,844
*	MFB NT Collective Short Term Investment Fund	Common and Collective Trust Fund	595,355	595,355
	MFO PIMCO StocksPLUS Long Duration Fund	Mutual Fund	32,090,734	31,582,044
	Principal Real Estate Inv. U.S. Prop. Separate Acct.	Pooled Separate Account	1,500,000	1,413,826
			$ 83,473,133	$ 101,209,754

** Indicates party-in-interest*

Schedule SB Attachment (Form 5500) — 2025 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	$ 5,487,125	January 1, 2023	13	$ 562,670
Shortfall	$ (355,954)	January 1, 2024	14	$ (34,677)
Shortfall	$ 2,320,525	January 1, 2025	15	$ 215,821