

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

C If the plan is a collectively-bargained plan, check here.

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

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>ELEMENT SOLUTIONS INC EMPLOYEE SAVINGS AND 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>005</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ELEMENT SOLUTIONS INC</u> <u>245 FREIGHT ST.</u> <u>WATERBURY, CT 06702</u>	1c Effective date of plan <u>01/01/2014</u> 2b Employer Identification Number (EIN) <u>37-1744899</u> 2c Plan Sponsor's telephone number <u>203-575-5662</u> 2d Business code (see instructions) <u>333900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2025	CARIE GRUSTAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/21/2025	CAREY DORMAN
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1582
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1071
	6a(2)	1081
	6b	0
	6c	472
	6d	1553
	6e	19
	6f	1572
	6g(1)	1567
6g(2)	1548	
6h	27	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2H 2J 2K 2R 2S 2T 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan ELEMENT SOLUTIONS INC EMPLOYEE SAVINGS AND 401(K) PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 ELEMENT SOLUTIONS INC	D Employer Identification Number (EIN) 37-1744899	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

(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)

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 50 64	NONE	41151	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COHNREZNICK LLP

33-4144829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	28000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHIMENTO AND WEBB PC

47-1507939

(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?
29 50	NONE	22003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FISHER INVESTMENTS

20-2480800

(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?
26 50	NONE	11377	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 62 71	NONE	1197	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0
(d) Enter name and EIN (address) of source of indirect compensation SEE ATTACHMENT 35-6447892	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SEE ATTACHMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: COHNREZNICK LLP	b EIN: 33-4144829
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>ELEMENT SOLUTIONS INC EMPLOYEE SAVINGS AND 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ELEMENT SOLUTIONS INC</u>	D Employer Identification Number (EIN) <u>37-1744899</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret Tr Fund 2010</u>	b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>	c EIN-PN <u>81-0625169-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret Tr Fund 2020</u>	b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>	c EIN-PN <u>81-0625169-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret Tr Fund 2030</u>	b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>	c EIN-PN <u>81-0625169-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret Tr Fund 2040</u>	b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>	c EIN-PN <u>81-0625169-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret Tr Fund 2050</u>	b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>	c EIN-PN <u>81-0625169-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret Tr Fund - Income</u>	b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>	c EIN-PN <u>81-0625169-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret Tr Fund 2060</u>	b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>	c EIN-PN <u>81-0625169-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ELEMENT SOLUTIONS INC EMPLOYEE SAVINGS AND 401(K) PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 ELEMENT SOLUTIONS INC	D Employer Identification Number (EIN) 37-1744899

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

		(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)	2320263	2398974
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19215911	19478979
(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)	0	179
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2744624	2936204
(9) Value of interest in common/collective trusts	1c(9)	61728939	0
(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)	178430583	261160400
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	14401419	16770355

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	278841739	302745091
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	278841739	302745091

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)	6858728	
(B) Participants.....	2a(1)(B)	10412342	
(C) Others (including rollovers).....	2a(1)(C)	2175884	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		19446954
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1450485	
(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)	202929	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1653414
(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)	9716471	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9716471
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		202646
(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)		24196161
c Other income	2c		2274246
d Total income. Add all income amounts in column (b) and enter total	2d		57489892

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34060079	
(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)		34060079
f Corrective distributions (see instructions)	2f		2802
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	11925	
(4) IQPA audit fees	2i(4)	28000	
(5) Investment advisory and investment management fees	2i(5)	44760	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	22003	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		106688
j Total expenses. Add all expense amounts in column (b) and enter total	2j		34169569

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		23320323
l Transfers of assets:			
(1) To this plan	2l(1)		583029
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: COHNREZNICK LLP

(2) EIN: 33-4144829

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

A Name of plan <u>ELEMENT SOLUTIONS INC EMPLOYEE SAVINGS AND 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ELEMENT SOLUTIONS INC</u>	D Employer Identification Number (EIN) <u>37-1744899</u>	

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): 82-3967259

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	
--	---	--

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

**Element Solutions Inc Employee Savings
and 401(k) Plan**

**Financial Statements
(With Supplementary Information)
and Independent Auditor's Report**

December 31, 2024

Element Solutions Inc Employee Savings and 401(k) Plan

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Independent Auditor's Report

To the Plan Administrator
Element Solutions Inc Employee Savings and 401(k) Plan

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

We have performed audits of the financial statements of Element Solutions Inc Employee Savings and 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C)"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether it is 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 Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CohnReznick LLP

Hartford, Connecticut
July 9, 2025

Element Solutions Inc Employee Savings and 401(k) Plan

**Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	<u>\$ 297,409,913</u>	<u>\$ 273,776,852</u>
Receivables		
Employer contributions	2,398,974	2,320,263
Notes receivable from participants	<u>2,936,204</u>	<u>2,744,624</u>
Total receivables	<u>5,335,178</u>	<u>5,064,887</u>
Net assets available for benefits	<u><u>\$ 302,745,091</u></u>	<u><u>\$ 278,841,739</u></u>

See Notes to Financial Statements.

Element Solutions Inc Employee Savings and 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 26,673,052
Interest and dividends	11,166,957
Total investment income	<u>37,840,009</u>
Interest income on notes receivable from participants	<u>202,929</u>
Contributions	
Participants	10,412,342
Employer	6,858,728
Rollovers	2,175,884
Total contributions	<u>19,446,954</u>
Total additions	<u>57,489,892</u>
Deductions	
Benefits paid to participants	34,062,881
Administrative expenses	106,688
Total deductions	<u>34,169,569</u>
Increase in net assets	23,320,323
Transfers in from affiliated plan	583,029
Net assets available for benefits	
Beginning	<u>278,841,739</u>
End	<u><u>\$ 302,745,091</u></u>

See Notes to Financial Statements.

Element Solutions Inc Employee Savings and 401(k) Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 1 - Plan description

The following description of the Element Solutions Inc Employee Savings and 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan, established initially effective January 1, 2014, is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The original sponsor of the Plan was MacDermid, Incorporated ("MacDermid"), an indirect subsidiary of Platform Specialty Products Corporation ("Platform"), and the original name of the Plan was the MacDermid, Incorporated Employee Savings and 401(k) Plan. Effective September 8, 2014, Platform became the sponsor of the Plan and the Plan name Platform Specialty Products Corporation Employee Savings and 401(k) Plan was adopted. Effective January 31, 2019, the certificate of incorporation of Platform was amended to change the name of the Plan Sponsor to Element Solutions Inc ("Element" or the "Company") and the name of the Plan was amended on July 22, 2019 to the Element Solutions Inc. Employee Savings and 401(k) Plan. The Plan was most recently amended on April 1, 2022, to allow for auto enrollment at an elective deferral rate of 4% of eligible compensation, for the matching contribution rate to be 100% of elective deferrals, limited to elective deferrals that do not exceed 4% of eligible compensation, and so that each participant credited with at least one hour of service on or after such date shall also have a fully vested interest at all times in account balances attributable to matching contributions.

Companies affiliated with Element ("Affiliates"), such as subsidiaries, may adopt the Plan with Element's approval. On December 3, 2019, the Company acquired Kester, Inc. ("Kester"). Effective January 1, 2020, individuals employed by Kester as of the acquisition date and thereto were eligible to participate in the Plan. During 2020, the Company acquired Industrial Water Treatment Solutions Corporation ("IWT"). Effective January 1, 2021, individuals employed by IWT as of the acquisition date and thereto were eligible to participate in the Plan. Effective January 1, 2022, individuals employed by Coventya, Inc. as of the acquisition date and thereto were eligible to participate in the Plan. Effective February 16, 2024, the Plan assets of Kuprion, Inc. 401(k) Plan were transferred to the Element Solutions Inc Employee Savings and 401(k) Plan due to the Plan Sponsor's acquisition of Kuprion, Inc.

The Plan was created to provide eligible employees with a tax-advantaged vehicle for accumulating retirement savings and enhance their financial security, and to share corporate profits with participating employees. The Plan also enables the Company to encourage employee savings by providing additional employer contributions to match employee contributions to the Plan. The Plan Administrator is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan consists of two components: a profit-sharing/nonelective component and a 401(k) component. The profit-sharing/nonelective component of the Plan is funded totally by the Company, without any deductions from participants' pay. The primary purpose of the profit-sharing/nonelective component is to reward eligible employees for their role in the success of the Company. The Company determines each year if there will be a profit-sharing contribution, a nonelective contribution, or both and, if so, the amount.

The 401(k) component of the Plan permits eligible participants to contribute a portion of their salary or wages on a pre-tax or after-tax (Roth) basis. The Company may, but is not required to, make contributions that match some or all of participants' contributions. The Company determines each

Element Solutions Inc Employee Savings and 401(k) Plan

Notes to Financial Statements December 31, 2024 and 2023

year if there will be matching contributions and, if so, the portion of participants' contributions that will be eligible for the matching contribution.

Eligibility

401(k) eligibility

Employees of Element and MacDermid as of January 1, 2014 (the Plan's initial effective date) were eligible to participate in the 401(k) component of the Plan beginning in April 2014. All other employees of the Company became eligible to participate in this component of the Plan as of the later of (a) January 1, 2015, or (b) the first day of the calendar month beginning immediately after the commencement of their active service. Element employees who commenced employment in 2014 became eligible to participate in this component of the Plan on the later of September 8, 2014 or the first day of the calendar month beginning immediately after the commencement of their active service.

Matching, profit-sharing/nonelective contribution eligibility

Employees become eligible to participate in the Plan's matching, contribution component as of the first day of the calendar month following the date of their employment with the Company in an eligible employment classification (as defined in the Plan document), provided the employee is then at least 18 years old. In addition, in order to be eligible to receive a profit-sharing contribution or nonelective contribution for a particular Plan year, a participant must be 18 years old and employed by the Company on the last day of that Plan year and be credited with at least 1,000 hours of service during such Plan year.

Employees not eligible

The following individuals are not eligible to participate in the Plan: (i) individuals represented by a collective bargaining agent or covered by a collective bargaining agreement with respect to which retirement benefits have been the subject of good faith bargaining, except to the extent that the bargaining agreement between the Company (or affiliated company) and such representatives provides otherwise, (ii) nonresident aliens, (iii) leased employees, and (iv) any individual engaged on a temporary, seasonal, provisional or similar basis. For this purpose, an individual will be deemed to be engaged on a temporary, seasonal, provisional or similar basis if the individual's engagement is not expected by the Company to last for at least 12 months, and does not in fact continue for at least 12 months.

Contributions

Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation. Participants may contribute a portion of their compensation to the Plan on a pre-tax and/or after-tax (Roth) basis up to 80% of their compensation per the Plan document subject to limits required by the Internal Revenue Code of 1986 (the "IRC"). The IRC imposes limits on the amount of compensation that may be taken into account for any Plan year, and on the portion of such compensation that may be contributed into the Plan. For example, the maximum amount that may be contributed into the Plan by participants on a combined pre-tax and/or after tax (Roth) basis in 2024 was \$23,000. A special rule for participants who are at least 50 years old before December 31 of a plan year allows these participants to make an additional "catch-up" contribution into the Plan if they have contributed the maximum permitted amount. For 2024, the maximum "catch-up" contribution was \$7,500.

Element Solutions Inc Employee Savings and 401(k) Plan

Notes to Financial Statements December 31, 2024 and 2023

For eligible employees, the Company matched 50% of employee contributions up to a maximum of 6% during the allocation period ending prior to April 1, 2022. Effective April 1, 2022, the Plan was amended for the matching contribution rate to be 100% of elective deferrals, limited to elective deferrals that do not exceed 4% of eligible compensation.

For employees of Alpha Metals, Inc. ("Alpha Metals") who are members of the Glass Molders, Pottery, Plastic & Allied Workers' International AFL/CIO Local #130 ("Local 130") and were subject to a collective bargaining agreement by and between Alpha Metals and Local 130 ("Altoona CBA"), the Company matched 50% of employee contributions up to a maximum of 1%. Effective March 20, 2024, the Plan was amended to allow for the Company to match 50% of employee contributions up to a maximum of 3%. For those employees included in the Altoona CBA, effective March 20, 2024, and ending upon expiration of the Altoona CBA, an additional employer contribution is made to the Plan by the Company for participants covered by the Altoona CBA equal to 95 cents per hour, to be adjusted from time to time in accordance with collective bargaining. For eligible nonunion employees, the Company provided a nonelective contribution which was equal to 3% of eligible compensation during the allocation period ending prior to April 1, 2022, subject to limits of the Internal Revenue Service ("IRS"). Effective April 1, 2022, for eligible nonunion employees, the Company provided a nonelective contribution, which was equal to 2% of eligible compensation, subject to the limits of the IRS.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 4% of eligible compensation on a pre-tax basis and their contributions invested in one of the Vanguard Target Retirement Funds until changed by the participant.

Employees who are covered by a collective bargaining agreement between the Company or affiliated company are not subject to the automatic enrollment provisions, except as otherwise provided in the applicable collective bargaining agreement.

Participant accounts

Contributions are allocated to accounts established for the benefit of employees participating in the Plan. Separate accounts are maintained for Company contributions and participant contributions, including separate accounts for participants' pre-tax elective deferrals, after-tax Roth contributions, rollovers from pre-tax retirement arrangements, rollovers from Roth programs, and profit-sharing, matching and nonelective contributions. Investment gains and losses (and any other charges or credits) are allocated separately to participants' individual accounts.

Rollovers

Participants in the Plan may also contribute eligible rollover distributions and/or direct rollovers from other tax-qualified retirement benefit plans. Eligible rollover distributions include eligible distributions from qualified Roth contribution programs. Rollovers from Roth programs are maintained separately from accounts funded from nonRoth rollover sources.

Investment options

Assets held in participants' individual accounts under the Plan are invested by Charles Schwab Bank, the trustee of the Plan ("Schwab"), at the direction of individual participants among the investment options available under the Plan with various objectives and degrees of financial risk. If a participant fails to provide investment instructions to the third-Party administrator, these assets will be invested in a default investment alternative designated under the Plan.

Element Solutions Inc Employee Savings and 401(k) Plan

Notes to Financial Statements December 31, 2024 and 2023

One such investment option is a self-directed brokerage account through which participants may invest in a variety of publicly-traded investments that are not otherwise offered by the Plan, including securities issued by Element.

Vesting

Contributions that a participant makes to the Plan, including rollovers, and the investment earnings attributable to those contributions are fully vested at all times. Safe harbor contributions made by Alent, Inc. into the Alent, Inc. 401(k) Savings Plan (the "Alent 401(k) Plan") and transferred into the Plan during 2016 are also fully vested at all times. The Alent 401(k) Plan was merged with and into the Plan effective July 1, 2016. Company contributions and earnings attributable thereto are fully vested and nonforfeitable if a participant retires after he or she reaches normal retirement age under the Plan (as described below).

If a participant terminates employment with the Company before reaching normal retirement age, he or she will be entitled to receive the full amount credited to his or her Company contribution account if, but only if, he or she has completed at least three years of vesting service. Effective April 1, 2022, participants were fully vested for employer matching contributions. Generally, a participant will receive a year of vesting service for each Plan year in which the participant completes at least 1,000 hours of service. If a participant leaves the Company before completing three years of service, he or she will not be entitled to any portion of his or her account balance(s) attributable to profit-sharing and nonelective Company contributions.

Vesting in the portion of participant accounts with respect to employer discretionary contributions made by Alent, Inc. under the Alent 401(k) Plan prior to July 1, 2016 and transferred into the Plan during 2016 is based on years of continuous service as follows:

<u>Years of service</u>	<u>Percentage</u>
Less than 2 years	0%
2 years but less than 3	25%
3 years but less than 4	50%
4 years but less than 5	75%
5 years or more	100%

Notes receivable from participants

Participants may apply for loans from the Plan of up to 50% of their vested account balances, up to \$50,000. Interest rates are set at rates based on the then current market interest rates in place at the time of the loan. Loans are secured by the participant's account balance, and are repaid through payroll deduction (or by such other means as the Plan administrator deems appropriate when payroll deduction is not practicable, e.g., during unpaid leaves of absence or following separation from employment).

Loans are drawn on a pro rata basis from the participant's vested accounts. Loan amounts drawn from designated Roth accounts and the repayment of such loans are accounted for on a separate basis from other repayments. If a participant defaults on the loan repayment, the entire amount outstanding becomes immediately due and payable. Amounts collected from the participant's account as a result of default are treated as a distribution from the Plan to the participant.

Element Solutions Inc Employee Savings and 401(k) Plan

Notes to Financial Statements December 31, 2024 and 2023

Payment of benefits

On termination of service due to death, disability, retirement or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. However, if the amount of a participant's benefit does not exceed \$7,000, distributions are made in a single-sum payment.

Hardship withdrawals

Participants may request a withdrawal of amounts held in their accounts if they suffer a financial hardship. A participant may withdraw all or any portion of the vested balance of the participant's accounts to the extent necessary to meet the hardship.

Revenue credit account

The Plan has a revenue credit account with the trustee to cover Plan expenses. The revenue credit account is treated as a Plan asset and must be used only for legitimate Plan expenses. Unused amounts for expenses may be allocated to participant accounts. During 2024, the trustee contributed \$32,660 into the revenue credit account. The balance in the account totaled \$9,998 and \$4,701 at December 31, 2024 and 2023, respectively. During 2024, the Company used \$28,010 and \$0 from the account to pay Plan expenses and allocate to participants, respectively.

Forfeited accounts

If a participant leaves the Company before the participant is fully vested in his or her Company contribution account, any amounts in that account which are not vested will be forfeited. If a participant leaves the Company and receives a distribution from the Plan, and is later reemployed by the Company before incurring a five-year break in service, the amounts previously forfeited will be restored to the participant's accounts if he or she repays to the Plan the amount of the distribution.

Amounts that are forfeited are applied as follows: forfeitures are applied to satisfy the amount needed to fund the profit-sharing, matching and nonelective contributions to be made in the year of application and any amount remaining after such application shall be applied to pay administrative expenses of the Plan. Any remainder will be allocated among the individual accounts of eligible participants pro rata based on eligible participants' account balances.

At December 31, 2024 and 2023, forfeitures held from nonvested accounts totaled \$149,325 and \$155,957, respectively. For the year ended December 31, 2024, forfeited amounts totaling \$163,000 and \$21,993, were used to reduce future employer contributions and to pay plan expenses, respectively.

Administrative expenses

The Plan bears the majority of the costs of administration. Administrative expenses totaled \$106,688 for the year ended December 31, 2024.

Note 2 - Basis of presentation and summary of significant accounting policies

Basis of accounting

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

Element Solutions Inc Employee Savings and 401(k) Plan

Notes to Financial Statements December 31, 2024 and 2023

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. The Plan's Investment Committee determines the Plan's valuation policies and procedures utilizing information provided by the investment advisers, independent appraiser and Schwab. See Note 3 - Fair value measurements, for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of benefits

Benefits to participants are recorded when paid.

Plan expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

Use of estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Subsequent events

The Plan has evaluated subsequent events through July 9, 2025, which is the date the financial statements were available to be issued.

Note 3 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under Financial Accounting Standards Board issued Accounting Standards Codification 820 are described as follows:

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

Element Solutions Inc Employee Savings and 401(k) Plan

Notes to Financial Statements December 31, 2024 and 2023

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 and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Common/collective trusts: Valued at the daily net asset value ("NAV") of the bank collective trust. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities.

Money market and mutual funds: Valued at the daily closing price calculated and reported by the fund or its agent.

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 NAV prices and to transact at that price. The mutual funds held by the Plan are actively traded.

Self-directed brokerage accounts: The Personal Choice Retirement Account ("PCRA") includes common stock, mutual funds and unit investment trusts ("UITs") valued at the closing price reported in the active market in which the individual instruments are traded, as well as a money market fund and corporate obligations.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	2024			Total
	Level 1	Level 2	Level 3	
Money market fund	\$ 19,478,979	\$ -	\$ -	\$ 19,478,979
Mutual funds	261,160,400	-	-	261,160,400
Self-directed brokerage accounts	16,770,534	-	-	16,770,534
Total assets in the fair value hierarchy	297,409,913	-	-	297,409,913
Investments measured at NAV (a)	-	-	-	-
Total investments at fair value	<u>\$ 297,409,913</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 297,409,913</u>

Element Solutions Inc Employee Savings and 401(k) Plan

Notes to Financial Statements December 31, 2024 and 2023

	2023			Total
	Level 1	Level 2	Level 3	
Money market fund	\$ 19,215,911	\$ -	\$ -	\$ 19,215,911
Mutual funds	178,430,583	-	-	178,430,583
Self-directed brokerage accounts	14,401,419	-	-	14,401,419
Total assets in the fair value hierarchy	212,047,913	-	-	212,047,913
Investments measured at NAV (a)	-	-	-	61,728,939
Total investments at fair value	\$ 212,047,913	\$ -	\$ -	\$ 273,776,852

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

Fair value of investments in entities that use NAV

The following table summarize* investments for which fair value is measured using NAV per share practical expedient as of December 31, 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

	December 31, 2023			
	Fair value	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
Common/collective trusts	\$ 61,728,939	None	Daily	None

Note 4 - Party-in-interest transactions

Certain of the Plan's investments are managed by Schwab or its affiliates. As the Plan defines Schwab as a trustee, these transactions qualify as party-in-interest transactions under ERISA. Loan fees paid by the Plan to Schwab or its affiliates totaled \$11,625 for the year ended December 31, 2024. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan. Fees incurred by the Plan for investment management services are included in net appreciation as they are paid through revenue sharing versus a direct payment. Notes receivable from participants are also party-in-interest transactions.

Element's shares of common stock (the "Common Stock") is offered as a participant-directed investment in the Plan through investment in self-directed brokerage accounts.

Element Solutions Inc Employee Savings and 401(k) Plan

Notes to Financial Statements December 31, 2024 and 2023

Information about the net assets and the significant components of the changes in net assets relating to the Common Stock is as follows:

	Investment in Common Stock	
	2024	2023
Balance at beginning of year	\$ 2,347,835	\$ 3,248,546
Net appreciation (depreciation) in fair value of investments	257,324	(209,058)
Contributions and transfers in	250,723	144,970
Distributions and transfers out	<u>(501,228)</u>	<u>(836,623)</u>
Balance at end of year	<u>\$ 2,354,654</u>	<u>\$ 2,347,835</u>

Note 5 - Tax status

The IRS has determined and informed the Company by a letter dated April 12, 2018, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

GAAP requires 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 6 - Plan termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 7 - Risks and uncertainties

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

Element Solutions Inc Employee Savings and 401(k) Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 8 - Certified investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments and notes receivable from participants held at December 31, 2024 and 2023, and investment income and interest income on notes receivable from participants for the year ended December 31, 2024, that are disclosed in the accompanying financial statements and supplemental schedule of assets held at end of year, were obtained or derived from information supplied to the Plan administrator and certified by Charles Schwab as complete and accurate by the trustee of the Plan.

Note 9 - Subsequent event

On February 28, 2025, the Plan Sponsor sold a division of the Company, which resulted in Plan assets of participants in that division being transferred to the purchasing company's retirement plan on March 3, 2025.

Supplementary Information

Element Solutions Inc Employee Savings and 401(k) Plan
EIN 37-1744899
Plan #005

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Cost (A)	Current value	
	Vanguard Institutional Index I	Mutual fund	\$	52,362,345
	Vanguard Target Retirement 2030 Fund	Mutual fund		28,119,138
	T Rowe Price Cap Appreciation Fund	Mutual fund		20,758,328
*	Schwab Government Money Fund	Money market fund		19,478,979
	MFS International Diversification CL R6	Mutual fund		17,741,862
	AB Large Cap Growth Z	Mutual fund		17,741,791
	Personal Choice Retirement Account (PCRA)	Self-directed brokerage accounts		16,770,534
	Vanguard Target Retirement 2040 Fund	Mutual fund		14,833,057
	Vanguard Interm-Term Bond Index	Mutual fund		14,155,339
	Vanguard Value Index I	Mutual fund		12,947,595
	Dodge & Cox Income Fund	Mutual fund		12,524,619
	Vanguard Mid-Cap Value Index	Mutual fund		9,233,095
	Vanguard Target Retirement 2050 Fund	Mutual fund		8,902,194
	Janus Henderson Enterprise Fund	Mutual fund		8,786,955
	Vanguard Info tech idx Adm	Mutual fund		8,298,242
	Vanguard Target Retirement 2020 Fund	Mutual fund		7,617,899
	Invesco Small Cap Value R6	Mutual fund		5,771,663
	Vanguard Small Cap Index Fund	Mutual fund		5,180,268
	Vanguard Target Retirement 2060 Fund	Mutual fund		5,008,799
	Vanguard Extended Market Index Fund	Mutual fund		4,545,448
	Loomis Sayles Small Cap Growth Fund	Mutual fund		3,980,867
	PIMCO income Institutional	Mutual fund		939,023
	Vanguard Target Retirement Income Fund	Mutual fund		917,258
	Vanguard Target Retirement 2035 Fund	Mutual fund		341,947
	Vanguard Target Retirement 2025 Fund	Mutual fund		289,406
	Vanguard Target Retirement 2055 Fund	Mutual fund		97,542
	Vanguard Target Retirement 2065 Fund	Mutual fund		38,113
	Vanguard Target Retirement 2045 Fund	Mutual fund		27,051
	Vanguard Target Retirement 2070 Fund	Mutual fund		556
*	Participant loans	Interest at 4.25% to 9.50%, maturing at various dates, secured by participant account balance		2,936,204
	Total		\$	300,346,117

* Party-in-interest.

(A) Cost not required - participant directed.

See Independent Auditor's Report.



Independent Member of Nexia

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Element Solutions Inc Employee Savings and 401(k) Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2024

EIN: 37-1744899

Plan Number: 005

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
ABSOLUTE ADVISERS	Not Available	Rate of 0.10% of average daily balance of asset(s)
Allianz Global Investors	Not Available	Rate of 0.02% of average daily balance of asset(s)
Amana	35-6447892	Rate of 0.40% of average daily balance of asset(s)
American Beacon	75-2401150	Rate of 0.40% of average daily balance of asset(s)
American Funds	90-0924512	Rate of 0.12% of average daily balance of asset(s)
Artisan Partners Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Columbia Threadneedle	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Davis Funds	52-1346931	Rate of 0.40% of average daily balance of asset(s)
Dodge & Cox	Not Available	Rate of 0.06% of average daily balance of asset(s)
DoubleLine	Not Available	Rate of 0.36% of average daily balance of asset(s)
Fidelity Investments	06-1194217	Rate of 0.40% of average daily balance of asset(s)
Franklin Templeton Investments	94-3167260	Rate of 0.10% of average daily balance of asset(s)
Goldman Sachs	Not Available	Rate of 0.10% of average daily balance of asset(s)
Guggenheim Investments	Not Available	Rate of 0.10% of average daily balance of asset(s)
Hood River Capital Management	Not Available	Rate of 0.40% of average daily balance of asset(s)
J.P. MORGAN & CO.	Not Available	Rate of 0.40% of average daily balance of asset(s)
Janus Henderson	43-1804048	Rate of 0.10% of average daily balance of asset(s)
John Hancock	04-3483032	Rate of 0.40% of average daily balance of asset(s)
MFS	04-3253929	Rate of 0.10% of average daily balance of asset(s)
Natixis Funds	Not Available	Rate of 0.11% of average daily balance of asset(s)
ProFunds	52-2035197	Rate of 0.45% of average daily balance of asset(s)
Rational Funds	04-3023766	Rate of 0.10% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.11% of average daily balance of asset(s)
T ROWE-PRICE	Not Available	Rate of 0.30% of average daily balance of asset(s)

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR:	Element Solutions Inc.
NAME OF PLAN:	Element Solutions Inc Employee Savings and 401(k) Plan
EIN:	37-1744899
PLAN NUMBER:	005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (4.25% - 9.50%)		2,936,204
*	SCHWAB GOVERNMENT MONEY INV	Money Market / Cash Equivalent		19,478,979
	PCRA	Self-Directed Brokerage Account		16,770,355
	AB LARGE CAP GROWTH Z	Registered Investment Company		17,741,791
	DODGE & COX INCOME	Registered Investment Company		12,524,619
	INVESCO SMALL CAP VALUE R6	Registered Investment Company		5,771,663
	JANUS HENDERSON ENTERPRISE N	Registered Investment Company		8,786,955
	LOOMIS SAYLES SMCAP GR CL I	Registered Investment Company		3,980,867
	MFS INTL DIVERSIFICATION CL R6	Registered Investment Company		17,741,862
	PIMCO INCOME INSTITUTIONAL	Registered Investment Company		939,023
	T ROWE PRICE CAP APPRECIATION	Registered Investment Company		20,758,328
	VANGUARD EXTENDED MKT INDX ADM	Registered Investment Company		4,545,448
	VANGUARD INFO TECH IDX ADM	Registered Investment Company		8,298,242
	VANGUARD INSTITUTIONAL INDEX	Registered Investment Company		52,362,344
	VANGUARD INTERM TERM BOND IDXI	Registered Investment Company		14,155,339
	VANGUARD MID CAP VALUE IDX ADM	Registered Investment Company		9,233,095
	VANGUARD SMALL CAP INDEX ADMRL	Registered Investment Company		5,180,268
	VANGUARD TARGET RETIREMNT 2020	Registered Investment Company		7,617,899
	VANGUARD TARGET RETIREMNT 2025	Registered Investment Company		289,406
	VANGUARD TARGET RETIREMNT 2030	Registered Investment Company		28,119,137
	VANGUARD TARGET RETIREMNT 2035	Registered Investment Company		341,947
	VANGUARD TARGET RETIREMNT 2040	Registered Investment Company		14,833,057
	VANGUARD TARGET RETIREMNT 2045	Registered Investment Company		27,052
	VANGUARD TARGET RETIREMNT 2050	Registered Investment Company		8,902,194
	VANGUARD TARGET RETIREMNT 2055	Registered Investment Company		97,542
	VANGUARD TARGET RETIREMNT 2060	Registered Investment Company		5,008,799
	VANGUARD TARGET RETIREMNT 2065	Registered Investment Company		38,113
	VANGUARD TARGET RETIREMNT 2070	Registered Investment Company		557
	VANGUARD TARGET RETMT INCOME	Registered Investment Company		917,258
	VANGUARD VALUE INDEX INSTL	Registered Investment Company		12,947,595
	LIMITED PARTNERSHIP	Limited Partnership		179

* Party-in-interest