

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [X] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... [] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan): CEMEX DE PUERTO RICO, INC.
2b Employer Identification Number (EIN): 66-0189525
2c Plan Sponsor's telephone number: 787-783-3000
2d Business code (see instructions): 327300

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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	562
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)	28
	6a(2)	28
	6b	200
	6c	265
	6d	493
	6e	60
	6f	553
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3C 3H 1I

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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CEMEX DE PUERTO RICO, INC.</u>	D Employer Identification Number (EIN) <u>66-0189525</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>23696484</u>
	b Actuarial value	2b	<u>23696484</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>262</u>	<u>21498490</u>
	b For terminated vested participants	<u>272</u>	<u>5362098</u>
	c For active participants	<u>28</u>	<u>433829</u>
	d Total	<u>562</u>	<u>27294417</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.12 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</u>

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

SIGN HERE			
	Signature of actuary	<u>08/12/2025</u>	Date
	<u>DAVID E. FORBES, F.S.A.</u>	<u>23-05261</u>	Most recent enrollment number
	<u>MILLIMAN, INC.</u>	<u>973-278-8860</u>	Telephone number (including area code)
	<u>150 CLOVE ROAD 8TH FLOOR LITTLE FALLS, NJ 07424</u>		
	Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1244356
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	680739
9	Amount remaining (line 7 minus line 8)	0	563617
10	Interest on line 9 using prior year's actual return of <u>14.55</u> %	0	82006
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	645623

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.22 %
15	Adjusted funding target attainment percentage	15	84.22 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	76.61 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/16/2024	170185						
10/11/2024	340370						
04/03/2025	246						
			Totals ▶	18(b)	510801	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	494839

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 0
b Excess assets, if applicable, but not greater than line 31a			31b
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	4317259	494834	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 494834
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			36 494834
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 494839
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 5
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

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 CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CEMEX DE PUERTO RICO, INC.	D Employer Identification Number (EIN) 66-0189525	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	144940	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)

(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"/>

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CEMEX DE PUERTO RICO, INC.	D Employer Identification Number (EIN) 66-0189525

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	3221	3
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		246
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	92402	108954
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1076737	1764869
(2) U.S. Government securities	1c(2)	2448316	2507533
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5589909	5687188
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	14485899	14391520

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	23696484	24460313
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	23696484	24460313

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)	510801	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		510801
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	40483	
(B) U.S. Government securities.....	2b(1)(B)	90920	
(C) Corporate debt instruments.....	2b(1)(C)	236282	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		367685
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	13420608	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	13253412	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		167196
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2106831	
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		260260
d Total income. Add all income amounts in column (b) and enter total.....	2d		3412773

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2504004	
(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)		2504004
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	106478	
(6) Bank or trust company trustee/custodial fees	2i(6)	38462	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(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)		144940
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2648944

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		763829
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DRIVEN, PSC**

(2) EIN: **66-0961896**

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.)			
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>CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CEMEX DE PUERTO RICO, INC.</u>	D Employer Identification Number (EIN) <u>66-0189525</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): 46-0175278

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0
--	---	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? 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 _____.

**CEMEX DE PUERTO RICO, INC.
EMPLOYEES' PENSION PLAN**

***INDEPENDENT AUDITORS' REPORT
AND
AUDITED FINANCIAL STATEMENTS***

As of and for the years ended
December 31, 2024 and 2023

***AND
SUPPLEMENTAL SCHEDULES***

December 31, 2024

**CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
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DECEMBER 31, 2024 AND 2023**

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
CEMEX de Puerto Rico, Inc. Employees' Pension Plan:

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

We have performed an audit of the financial statements of CEMEX de Puerto Rico, Inc. Employees' Pension 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) audit. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 2024 and 2023 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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

Basis for Opinion on the Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' 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 the financial statements are available for issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with 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.

Supplemental Schedules Required by ERISA

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

To the Administrative Committee of
CEMEX de Puerto Rico, Inc. Employees' Pension Plan
Page 4

For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Driven, PSC

Driven, P.S.C.

License No. 329 Expires December 1, 2027

Guaynabo, Puerto Rico

October 15, 2025



DPSC329-1396

CEMEX DE PUERTO RICO, INC.
EMPLOYEES' PENSION PLAN

**CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 DECEMBER 31, 2024 AND 2023**

ASSETS	<u>2024</u>	<u>2023</u>
INVESTMENTS, at fair value	\$ 24,351,110	\$ 23,600,861
RECEIVABLES:		
Employers' contributions	246	-
Accrued interests and dividends	108,954	92,402
Total receivables	<u>109,200</u>	<u>92,402</u>
NON-INTEREST BEARING CASH	<u>3</u>	<u>3,221</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 24,460,313</u>	<u>\$ 23,696,484</u>

**CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS :		
Employer's contributions	\$ 510,801	\$ -
INVESTMENT ACTIVITY:		
Net appreciation in fair value of investments	2,274,028	\$ 2,555,137
Dividends and interest income	622,570	630,922
Total additions	<u>3,407,399</u>	<u>3,186,059</u>
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	2,503,465	2,601,029
Administrative expenses	140,105	134,873
Total deductions	<u>2,643,570</u>	<u>2,735,902</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	763,829	450,157
NET ASSETS AVAILABLE FOR BENEFITS, Beginning of year	23,696,484	23,246,327
NET ASSETS AVAILABLE FOR BENEFITS, End of year	<u>\$ 24,460,313</u>	<u>\$ 23,696,484</u>

The accompanying notes are an integral part of these financial statements.

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following brief description of CEMEX de Puerto Rico, Inc. Employees' Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for more complete description of the Plan's provisions.

General – The Plan, effective since January 1, 1959, is a noncontributory defined-benefit pension plan covering substantially all employees of Cemex de Puerto Rico, Inc., Cemex Cal, Inc. (formerly Florida Lime Corporation) and Cemex Concretes, Inc. (the "Employers"). The Plan is a defined benefit plan covering all full-time salaried employees who are not subject to the terms of the collective bargaining agreement. On June 30, 2008, the Plan was frozen, resulting in that participants no longer will accrue benefits, but the Plan will remain in existence as long as necessary in order to pay the already accrued benefits. No additional Eligible Employees shall become eligible to participate in the Plan and all benefit accruals to existing Participants shall cease. Active participants on July 1, 2008 shall have a 100% vested interest in their accrued benefits regardless of the amount of years of service completed as of such date. The Plan Sponsor is Cemex de Puerto Rico, Inc. and the Plan Administrator is Cemex de Puerto Rico, Inc. Retirement Committee. The Trustee of the Plan assets is Oriental Bank and the custodian is Bank of America. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), the Puerto Rico Internal Revenue Code of 1994 (the "1994 Code"), the Income Tax Regulation ("I.T.R.") and the Puerto Rico Internal Revenue Code of 2011 (the "Code"), as amended.

Effective September 30, 2016, the assets and liabilities of Cemex Concretos Inc. Employees' Pension Plan were transferred to this Plan and its related trust. This merger did not affect participant pension benefits since the benefit provisions of these plans were incorporated into the merged pension plan. Sponsor management expects the merged pension plan to have net assets in excess of actuarially determined accrued liabilities. Also, the merged pension plan was qualified under the Puerto Rico Internal Revenue Code. On September 30, 2016, the Plan received the Plan assets of Cemex Concretos Inc. Employees' Pension Plan pursuant to the aforementioned merger.

Sponsor contributions – The Plan Sponsor contributes an amount of money determined each year by the actuaries, but in no event, contributions exceed maximum limits prescribed by the Puerto Rico Internal Revenue Code.

Eligibility – Employees of Cemex de Puerto Rico, Inc. became eligible to participate in the plan after completion of one thousand hours of service within a twelve-month period as a Company salaried employee. Employees of Cemex Concretos, Inc. became eligible to participate in the plan after completion of one thousand hours of service within a twelve-month period and after attained age 21. On or after June 30, 2008, no additional employees are eligible to participate in the plan.

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Pension benefits – The normal retirement date is the first day of the month coinciding with or subsequent to the participant's 65th birthday. For former participants of Cemex Concretos Plan the amount of the monthly pension is equal to 1/ 12 of the sum of employee's accrued benefit as of June 27, 1994 and 0.75% of total annual compensation not in excess of the earnings level covered by the social security taxable wage base (the Covered Compensation) plus 1.25% of the total annual compensation in excess of the Covered Compensation for each year of service beginning with June 28, 1994.

Cemex de Puerto Rico, Inc. Employees' Pension Plan

- a) *Normal*: The Pension benefit is normally payable for life with a five-year period guaranteed, but there are other forms of annuity and the option of a lump-sum payment. However, unless another form is elected, a married participant is deemed to have elected the 50% joint and survivor option. Benefits under this option and those indicated below are actuarially equivalent to the benefit payable under the normal form.
- b) *Options*: (i) 10 years certain and life annuity option and (ii) 50%, 75%, or 100% joint and survivor option. Also, the benefits may be paid in a lump-sum amount.

Cemex Concretos Inc. Employees' Pension Plan

- a) *Normal*: The Pension benefit is normally payable for life with a ten-year period guaranteed, but there are other forms of annuity and the option of a lump-sum payment. However, unless another form is elected, a married participant is deemed to have elected the 50% joint and survivor option. Benefits under this option and those indicated below are actuarially equivalent to the benefit payable under the normal form.
- b) *Options*: (i) 5 years certain and continuous life annuity option, (ii) and 50%, 75%, or 100% survivor annuity option, (iii) period certain annuity for a guaranteed period to a maximum of 180 months, and (iv) life annuity. Also, the benefits may be paid in a lump-sum amount.

Early retirement – The benefit payable at early retirement date is:

Cemex de Puerto Rico, Inc. Employees' Pension Plan: computed by a reduction of an amount equal to 1/2 of 1% (0.005) for each month by which the early retirement date precedes the normal retirement date. However, if the participant is at least 55 years old and the sum of their age and the years of services equals at least 85, then the accrued benefits will not be subject to the reduction described above.

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Cemex Concretos, Inc. Employees' Pension Plan: computed based on a monthly retirement benefit equal to the participant's accrued benefit multiplied by a determined early retirement factor for each year by which the participant's early retirement date precedes the normal retirement date. If the participant wishes to retire before their normal retirement date, he or she may do so provided the participant is at least 55 years old and has completed at least 10 years of services.

In either case, the participant may retire prior to the normal retirement date on the first day of the month after the participant meets one of the normal retirement requirements. If the participant elects to begin pension benefits prior to their normal retirement date, the participant will receive a smaller benefit than if retired at the normal retirement date, since the participant will be receiving those payments for a longer period.

Also, early retirement date may be the first of the month coinciding with or following the date the participant leaves the employment of the company.

Vesting provisions – Employees who have completed five years of service are considered vested. All service with the Sponsor is counted for vesting purposes. The deferred amount is the vested portion of the accrued normal retirement benefits as of the date of termination.

Disability benefits – In the event of total or permanent disability, the Plan offers the following:

Cemex de Puerto Rico, Inc. Employees' Pension Plan

The participant shall receive the benefits provided under the Employer's long-term disability insurance policy until its Normal Retirement Date, at which time the participant shall receive the pension benefit. The participant will continue to accumulate credited service during the disability, until the normal retirement date.

Cemex Concretos Inc. Employees' Pension Plan

In the participant become totally and permanently disabled and their disability continues for a period of six consecutive months, the participant will be entitled to retire under the disability provisions of the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The accompanying financial statements are prepared on the accrual basis of accounting.

Use of estimates in the preparation of financial statements – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of changes in net assets available for benefits during the reporting periods. Actual results could differ from those estimates.

Investments 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. Refer to Note 7 to the Financial Statements for additional disclosure related to fair value measurements.

The Plan investment returns include interest income, realized gains and losses on sale of investments and unrealized appreciation or depreciation of investments. The financial statements reflect the net appreciation or depreciation in fair value of the Plan's investments. This net appreciation or depreciation consist of realized gains and losses calculated as the difference between proceeds from a sales transaction and cost determined on a moving average basis, and unrealized gains and losses calculated as the change in the fair value between beginning of the year (or purchase date if later) and the end of the year.

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.

Cash – Cash represents amounts in non-interest bearing account that will be used for benefit and administrative payments.

Payment of benefits – Benefits payments to participants are recorded upon distribution.

Administrative expenses – The Plan expenses are paid either by the Plan or the Plan Sponsor, as provided by the plan document. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in the net appreciation or depreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provision to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

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

The significant actuarial assumptions used in the valuation as of January 1, 2024 (the beginning of the Plan's 2024 calendar year):

<i>Cost method</i>	Projected unit credit cost method
<i>Mortality</i>	Based on Statutory static annuitant/non-annuitant tables for males and females for 2024 plan year
<i>Discount Rate</i>	6% compounded annually
<i>PPA Effective Interest Rate</i>	Based on segment rate stabilization 5.12%
<i>Normal Retirement Age</i>	Age 65
Administrative Expenses	None
Actuarial Valuation of assets	Market value of assets

The actuarial present value of accumulated plan benefits as of January 1, 2024 and 2023, were as follows:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants currently receiving payments	\$ 20,409,361	\$ 21,228,431
Other participants	5,251,382	5,378,734
	<u>25,660,743</u>	<u>26,607,165</u>
Non-vested benefits	<u>76,327</u>	<u>77,259</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 25,737,070</u>	<u>\$ 26,684,424</u>

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

The changes in the actuarial present value of accumulated plan benefits for the years ended January 1, 2024 and 2023 were as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 26,684,424	\$ 27,511,938
Increase/(decrease) during the year attributable to:		
Benefits accumulated, including experience gains and losses	129,504	228,215
Change in average discount period	1,524,171	1,573,003
Benefits paid	<u>(2,601,029)</u>	<u>(2,628,732)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 25,737,070</u>	<u>\$ 26,684,424</u>

4. FUNDING POLICY

The policy of the Plan's Sponsors is to fund annually the minimum amount, required by ERISA. During the year ended December 31, 2024, the Employer did made contributions to the Plan, accordingly the Plan met the minimum funding requirements. During the year ended December 31, 2023 the minimum funding requirements were met and no contributions were required.

The obligation of the Plan with respect to the Plan's benefits and the contributions to fund these obligations is determined as of each valuation date based on; (i) Plan provision, (ii) Plan participants date, (iii) Plan assets, and (iv) the actuarial assumption and actuarial cost method.

5. PLAN TERMINATION

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Benefits attributable to employee contributions, taking into account those paid out before termination.

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- All other vested benefits.
- All nonvested benefits.

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

6. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Oriental Bank, the Trustee of the Plan, has certified as to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023; related investments activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023; and the information reflected on the supplemental Schedule H, Part IV, line 4i - Schedule of Assets (Held at End of Year) as of and for the year ended December 31, 2024.

7. FAIR VALUE MEASUREMENTS

FASB Authoritative guidance on Fair Value Measurement and Disclosures, establishes a framework for measuring fair value which 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 measurement) and the lowest priority to unobservable inputs (level 3 measurements).

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1	Inputs to this valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Inputs to the valuation methodology include: <ul style="list-style-type: none"> • Quoted prices for identical or similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
Level 3	Inputs to the valuation methodology are based on unobservable data and are significant to the fair value measurement.

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

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 stocks* – Valued at the closing price reported on the active market on which the individual securities are traded. Classified as Level 1.
- *U.S. government bonds* – Government obligations are valued based upon bid quotations for identical or similar obligations. Classified as Level 1 or 2.
- *Corporate bonds and debentures and money funds* – Valuated based on yields currently available on comparable securities or issuers with similar credit ratings. Classified as Level 2.

There were no assets for which fair value measurements would include them in the level 3 of the fair value hierarchy.

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

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's investments measured at fair value as of December 31, 2024 and 2023:

	2024		
	Level 1	Level 2	Total
Common stocks	\$ 14,391,520	\$ -	\$ 14,391,520
U.S. government bonds	2,507,533	-	2,507,533
Corporate bonds and debentures	-	5,687,188	5,687,188
Money fund	-	1,764,869	1,764,869
Total assets at fair value	<u>\$ 16,899,053</u>	<u>\$ 7,452,057</u>	<u>\$ 24,351,110</u>

	2023		
	Level 1	Level 2	Total
Common stocks	\$ 14,485,899	\$ -	\$ 14,485,899
U.S. government bonds	2,448,317	-	2,448,317
Corporate bonds and debentures	-	5,589,908	5,589,908
Money fund	-	1,076,737	1,076,737
Total assets at fair value	<u>\$ 16,934,216</u>	<u>\$ 6,666,645</u>	<u>\$ 23,600,861</u>

Transfers between Levels – The availability of observable market data is constantly monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no such transfers during the years ended December 31, 2024 and 2023.

8. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Oriental Bank, the Plan's Trustee, and by Bank of America, the Plan's custodian and recordkeeper. Certain administrative fees and investment management expenses of the Plan are based on the average market value of the portfolio for the year. Those expenses are paid by the Plan. Therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transactions rule of ERISA.

9. CONCENTRATION OF CREDIT RISK

The Plan maintains a time deposit account in a highly credited financial institution in Puerto Rico. As of December 31, 2024 and 2023, the depository bank balance is below the amount guaranteed by the Federal Deposit Insurance Corporation of \$250,000, respectively.

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

10. TAX STATUS

The Plan has received a determination letter from the Commonwealth of Puerto Rico's Department of Treasury dated January 1st, 1994, stating that the Plan is qualified under Sections 1165 (a) and 1165 (e) of the Puerto Rico Internal Revenue Code of 1994 (the "Puerto Rico Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Puerto Rico Code to maintain its qualification.

During 2011, the Puerto Rico Treasury Department amended the Puerto Rico Internal Revenue Code of 1994, now Puerto Rico Internal Revenue Code of 2011, Section 1081.01, which includes the same provisions and benefits of the previous code provides the tax-exempt status for the Plan. The Plan has received a determination letter from the Commonwealth of Puerto Rico's Department of Treasury dated December 27, 2016, stating that the Plan is qualified under Sections 1081.01 of the Puerto Rico Internal Revenue Code of 2011.

The Plan obtained its latest determination letter on April 3, 2018, in which the Treasury Department of Puerto Rico stated that the Plan, as then designated, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Puerto Rico Code and therefore believes that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Treasury Department of Puerto Rico.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The tax years of the Plan Sponsor with respect to the Plan that remain open for examination are from 2021 to 2024.

11. SUBSEQUENT EVENTS

The Plan Administrator has evaluated all subsequent events through October 15, 2025, the date the financial statements were available to be issued. There were no subsequent events that would require further disclosure in the Plan's financial statements.

SUPPLEMENTAL INFORMATION
(See Independent Auditors' Report)

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
EIN: 66-0189525 PLAN NO. 001
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)
AS OF DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Common stocks:			
	ISHARES CORE S&P	63,194 Shares	\$ 3,491,386	\$ 5,851,132
	ISHARES CORE S&P U.S.	39,609 Shares	2,422,652	5,519,514
	VANGUARD FTSE ALL WORLD	20,445 Shares	1,120,172	1,173,747
	VANGUARD FTSE EMERGING	11,864 Shares	568,270	522,491
	VANGUARD SMALL CAP	2,447 Shares	507,201	685,307
	VANGUARD SMALL CAP VALUE	3,226 Shares	490,306	639,329
	Total common stocks		8,599,987	14,391,520
	US Government bonds:			
	Federal Farm Credit Bank - 5.050% (Callable)	700,000 Shares	700,000	701,617
	U.S. TREASURY NOTE - 4.125%	350,000 Shares	346,651	341,362
	U.S. TREASURY NOTE - 4.000%	350,000 Shares	345,065	342,657
	U.S. TREASURY NOTE - 4.000%	400,000 Shares	397,376	394,520
	U.S. TREASURY NOTE - 4.375%	350,000 Shares	354,006	344,621
	U.S. TREASURY NOTE - 3.125%	400,000 Shares	445,345	382,756
	Total US Government bonds		2,588,443	2,507,533
	Corporate Bonds and Debentures:			
	AMERICAN TOWER CORP	200,000 Shares	181,102	189,334
	ANHEUSER-BUSCH INBEV FIN	200,000 Shares	220,093	199,920
	AON NORTH AMERICA INC	150,000 Shares	151,821	149,739
	BP CAP MKTS AMER INC	200,000 Shares	220,780	197,548
	CIGNA CORP NEW	200,000 Shares	236,936	196,056
	CVS HEALTH CORP	200,000 Shares	219,588	193,782
	CAPITAL ONE FINANCIAL CO	200,000 Shares	210,341	193,046
	COMCAST CORP	200,000 Shares	234,240	185,580
	ENERGY TRANSFER LP	150,000 Shares	148,665	149,232
	ENTERPRISE PRODUCTS OPER	200,000 Shares	225,490	198,082
	EQUINIX INC	150,000 Shares	138,200	138,159
	EXELON CORP	200,000 Shares	186,920	190,594
	FIFTH THIRD BANCORP	200,000 Shares	229,466	193,582
	GENERAL ELECTRIC CO	200,000 Shares	226,682	186,374
	GENERAL MILLS INC	200,000 Shares	233,476	195,838
	INTEL CORP	200,000 Shares	222,106	187,380
	JPMORGAN CHASE & CO	200,000 Shares	221,080	196,946
	LAM RESEARCH CORP	200,000 Shares	215,498	194,454
	LOCKHEED MARTIN CORP	200,000 Shares	103,951	99,060
	MPLX LP	200,000 Shares	228,669	197,032
	MARSH & MCLENNAN COS INC	200,000 Shares	243,926	196,408
	MASTERCARD INC	200,000 Shares	226,802	195,048
	NASDAQ INC	150,000 Shares	151,326	151,315
	NEXTERA ENERGY CAPITAL	125,000 Shares	122,120	122,535
	PFIZER INC	200,000 Shares	220,048	194,584
	CHARLES SCHWAB CORP	150,000 Shares	156,035	157,488
	T-MOBILE USA INC	200,000 Shares	214,768	195,392
	TRUIST FINANCIAL CORP	150,000 Shares	150,419	152,715
	US BANCORP	200,000 Shares	199,649	195,712
	VERIZON COMMUNICATIONS	200,000 Shares	240,463	195,890
	WELLS FARGO & COMPANY	200,000 Shares	212,685	197,324
	USD ENBRIDGE INC	100,000 Shares	101,183	101,039
	Total Corporate Bonds and Debentures:		6,294,528	5,687,188
	Money Funds:			
*	ML BANK DEPOSIT PROGRAM	1,560,061 Shares	1,560,061	1,560,061
	BLF FEDFUND CASH RESERVE	204,808 Shares	204,808	204,808
	Total Money Funds:		1,764,869	1,764,869
			\$ 19,247,827	\$ 24,351,110

Note: The above information has been certified as complete and accurate by Oriental Bank, trustee.

* Represents party-in-interest as defined by ERISA.

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
EIN: 66-0189525 PLAN NO. 001
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Assets		(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
BLF Fedfund	Cash Reserve	(i)	\$ 5,264,951	\$ -	\$ -	\$ -	\$ 5,462,951	\$ 5,462,951	\$ -
BLF Fedfund	Cash Reserve	(i)	\$ -	\$ 5,462,880	\$ -	\$ -	\$ 5,462,880	\$ 5,462,880	\$ -
VANGUARD FTSE ALL WORLD	Mutual Funds	(i)	\$ -	\$ 1,500,467	\$ -	\$ -	\$ 1,500,467	\$ 1,427,921	\$ (72,546)
ML BANK DEPOSIT PROGRAM	Deposit Program	(i)	\$ 3,002,192	\$ -	\$ -	\$ -	\$ 3,002,192	\$ 3,002,192	\$ -
ML BANK DEPOSIT PROGRAM	Deposit Program	(i)	\$ -	\$ 1,689,064	\$ -	\$ -	\$ 1,689,064	\$ 1,689,064	\$ -

(i) Represent series of selling and purchasing transactions of the same issue in excess of 5% of the Plan's net assets at the beginning of the year.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

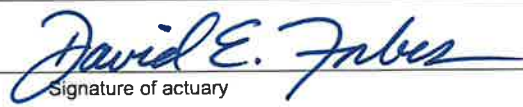
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Cemex de Puerto Rico, Inc. Employees' Pension Plan		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Cemex de Puerto Rico, Inc.		D Employer Identification Number (EIN) 66-0189525	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	23,696,484	
b Actuarial value	2b	23,696,484	
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	262	21,498,490	21,498,490
b For terminated vested participants	272	5,362,098	5,362,098
c For active participants	28	433,829	507,532
d Total	562	27,294,417	27,368,120
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.12 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	0	

Statement by Enrolled Actuary

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

SIGN HERE		<u>8/12/2025</u>
	Signature of actuary	Date
David E. Forbes, F.S.A.	Type or print name of actuary	23-05261
Milliman, Inc.	Firm name	Most recent enrollment number
150 Clove Road 8th Floor Little Falls NJ 07424	Address of the firm	(973) 278-8860
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2024
v. 240311

Cemex de Puerto Rico, Inc. Employees' Pension Plan
EIN/PN: 66-0189525/001
Attachment to 2024 Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

$$\text{The weighted average retirement age} = \sum_{n=0}^{k-x} n|qx * (x + n)$$

x = the earliest retirement age for which a retirement rate is shown.

$n|qx$ = the probability that (x) will survive for n years and retire in the $(n + 1)$ th year.

k = the maximum retirement age for which a retirement rate is shown.

The assumptions for retirement rates for active participants in the Cemex plan prior to the merger are shown below:

<u>Age</u>	<u>Retirement Rate</u>
0 - 54	0%
55 - 61	15%
62 - 64	20%
65 or later	100%

The assumption for retirement age for active participants formerly in the Concretos plan is the Plan's Normal Retirement Age of 65.

The overall weighted average retirement age reflects the number of participants in each group.

Cemex de Puerto Rico, Inc. Employees' Pension Plan
EIN/PN: 66-0189525/001
Attachment to 2024 Form 5500
Schedule SB, Line 26a – Schedule of Active Participant Data

Number of Participants by Age and Service Groups

Age	Years of Credited Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-
40-44	-	7	2	-	-	-	-	-	-	-	9
45-49	-	6	3	-	-	-	-	-	-	-	9
50-54	-	2	-	2	-	-	-	-	-	-	4
55-59	-	1	2	-	1	-	-	-	-	-	4
60-64	-	1	-	-	-	-	-	-	-	-	1
65-69	-	-	-	-	1	-	-	-	-	-	1
70&Up	-	-	-	-	-	-	-	-	-	-	-
Total	-	17	7	2	2	-	-	-	-	-	28

Cemex de Puerto Rico, Inc. Employees' Pension Plan
EIN/PN: 66-0189525/001
Attachment to 2024 Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases

	Date Established	Description	Amortization Amount	Years Remaining	Present Value
a.	January 1, 2019	Shortfall Amortization	581,113	10	4,729,035
b.	January 1, 2020	Shortfall Amortization	(278,387)	11	(2,437,041)
c.	January 1, 2021	Shortfall Amortization	(66,919)	12	(625,109)
d.	January 1, 2022	Shortfall Amortization	(79,152)	13	(783,658)
e.	January 1, 2023	Shortfall Amortization	524,084	14	5,468,097
f.	January 1, 2024	Shortfall Amortization	<u>(185,905)</u>	15	<u>(2,034,065)</u>
g.	Total		494,834		4,317,259

Cemex de Puerto Rico, Inc. Employees' Pension Plan
EIN/PN: 66-0189525/001
Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Cost Method

The valuation of retirement benefits is determined under the “Unit Credit Actuarial Cost Method”, as prescribed by the Pension Protection Act of 2006 (PPA). In this method, the regular Plan cost arises from two sources: Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets (with adjustments for credit balances). The amortization payment for a plan year is the aggregate total of the Shortfall Amortization payments, which are based on amounts necessary to amortize the additional Shortfall of each year in level annual installments over a 15-year period beginning with such year.

The Target Normal Cost is the Actuarial Present Value of benefits expected to accrue during the valuation year plus anticipated administrative expense, if any.

Asset Valuation Method: Market Value of Assets.

Assumptions

Interest Rates:

PPA Funding – 2021 Segment Rates with no lookback, subject to Segment Rate Stabilization.

Segment	Rates After Segment Rate Stabilization	Rates Without Segment Rate Stabilization
Under 5 Years	4.75%	4.37%
5 to 20 Years	4.96%	4.96%
20 Years or More	5.59%	4.95%
Effective Rate	5.12%	4.90%

Rationale: Plan sponsors have the option to elect the use of a full yield curve, or to use segmented interest rates (with a lookback period, if desired) subject to ARPA constraints. The plan is currently using segmented interest rates with no lookback, based on prior elections.

FASB ASC Topic 960: 6.00% compounded annually.

Rationale: In developing an investment return assumption, we utilize capital market assumptions consisting of expected returns, standard deviations, and correlations for a broad range of traditional and alternative asset classes typically seen in institutional investment portfolios. We determine expected returns for each asset class based on forward looking data including forecasts of inflation, GDP growth, and current yields to maturity of fixed income securities. Historical data and academic research is used to estimate volatility (standard deviations) and correlations of asset classes. We then incorporate the plan portfolio's actual asset allocations and develop the expected nominal arithmetic mean rate of return of the portfolio assuming passive management.

This selection process reflects professional judgment, relevant economic data as of the measurement

Cemex de Puerto Rico, Inc. Employees' Pension Plan
EIN/PN: 66-0189525/001
Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

date, and estimates of future experience, and in our opinion, it is appropriate for the intended purpose, and contains no significant bias.

Mortality:

PPA Funding: Statutory static annuitant/non-annuitant tables for males and females for 2024 plan year.

Rationale: This assumption is one of the permitted mortality table assumptions available under the terms of IRC Section 430.

FASB ASC Topic 960: The Pri-2012 Private Retirement Plans Amount-weighted Mortality Tables projected with generational projection using Scale MP-2021.

Rationale: The assumption reflects the Society of Actuaries' Retirement Plans Experience Committee's (RPEC) reports which presented the Pri-2012 Mortality Tables and the MP-2021 mortality projection scale. No collar adjustment was made to this assumption. The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above-mentioned published mortality table in which credible mortality experience was analyzed.

Salary Increases: N/A.

Withdrawal: Age-related rates of withdrawal. Sample rates are as follows:

Age	Former Cemex Participants	Former Concretos Participants
25	7.96%	8.91%
30	5.86%	6.92%
35	4.26%	5.46%
40	3.12%	4.88%
45	2.22%	4.39%
50	1.43%	3.65%
55	0.00%	0.36%

Cemex de Puerto Rico, Inc. Employees' Pension Plan
EIN/PN: 66-0189525/001
Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Rationale: The assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Retirement: For participants in the former Cemex plan, age-related rates of retirement, as follows:

Age	Retirement Rate
0-54	0%
55-61	15%
62-64	20%
65 or later	100%

Multiplying each age by the overall probability of retiring at that age, and summing the products, results in a weighted average retirement age of 59.4.

For active participants from the former Concretos Plan, the assumed retirement age is age 65.

Terminated vested participants are assumed to retire at their Normal Retirement Date.

Rationale: Based on historical experience and future expectations, we believe the retirement assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Social Security Taxable Wage Base Increase: N/A

Marriage Assumption: 100% of active participants (80% of active participants from the former Concretos plan) are assumed to be married. Female spouses are assumed to be three years younger than male spouses. For current retirees, actual data has been used.

Rationale: This assumption reflects the fact that most participants are married at retirement. The assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Expense Assumption: None.

Cemex de Puerto Rico, Inc. Employees' Pension Plan
EIN/PN: 66-0189525/001
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: Cemex de Puerto Rico, Inc. Employees' Pension Plan

Effective Date of Plan: January 1, 1959. Plan was amended to cease new participation and benefit accruals effective June 30, 2008. The plan was further amended to merge the former Cemex Concretos, Inc. Employees' Pension Plan with the Cemex de Puerto Rico, Inc. Employees' Pension Plan effective December 31, 2010.

EIN/PN: 66-0189525/001

Effective Date of Last Amendment: December 31, 2010

Plan Year: January 1 to December 31

Eligibility: All full-time salaried employees who are not subject to the terms of the collective bargaining agreement. In order to qualify as a full-time employee, the employee must complete 1,000 hours of service in the 12-month period succeeding his date of employment. Participation begins on the first day of the Plan Year in which the employee eligibility requirements are met.

Eligibility (for former participants of the Concretos Plan): Attainment of age 21 and completion of 1,000 hours worked in any 12-consectuive month period following date of hire. Plan was amended to cease new participation and benefit accruals effective June 30, 2008.

Service

Vesting Service: A participant shall be 100% vested in his accrued benefit upon the completion of 5 years of service. If participant is employed as of July 1, 2008, participant is 100% vested in accrued benefit under the plan as of that date.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Eligibility: The first of the month coinciding with or next following the 65th birthday.

Normal Retirement Benefit: The sum of i. and ii:

- i. 1.1% of the Participant's Average Monthly Earnings not in excess of his Monthly Covered Compensation, plus 1.5% of his Average Monthly Earnings in excess of Monthly Covered Compensation, all multiplied by his full and fractional years of Credited Service up to a maximum of 20 years; and

Cemex de Puerto Rico, Inc. Employees' Pension Plan
EIN/PN: 66-0189525/001
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

- ii. 1.2% of the Participant's Average Monthly Earnings not in excess of his Monthly Covered Compensation, plus 1.6% of his Average Monthly Earnings in excess of Monthly Covered Compensation, all multiplied by his full and fractional years of Credited Service in excess of 20 years.

Normal Retirement Benefit (for former participants of the Concretos Plan): The sum of i. and ii:

- i. The accrued benefit as of 6/27/94; and
- ii. 0.75% of the participant's compensation not in excess of the Taxable Wage Base plus 1.25% of the participant's compensation in excess of the Taxable Wage Base for each Plan Year during which he was an active participant, beginning with June 28, 1994 and ending on June 30, 2008.

Deferred Retirement

Deferred Retirement Date: The first day of any month coinciding with or next following a Participant's actual retirement after having reached his Normal Retirement Date.

Deferred Retirement Benefit: The greater of the benefit accrued at date of termination or the benefit at normal retirement date actuarially increased to date of termination.

Early Retirement

Early Retirement Date: The attainment of either:

- i. Age 60 with 10 years of credited service, or
- ii. Age 55 with either
 - a. 30 years of credited service, or
 - b. The sum of age and service equal to 85.

Early Retirement Date (for former participants of the Concretos Plan): The date on which a Participant attains age 55 provided he has completed 10 Years of Service as of such date.

Early Retirement Benefit: A pension computed in the same manner as the Normal Retirement Pension, but reduced by 1/2 of 1% for each month by which the Early Retirement precedes the participant's Normal Retirement Date.

Benefits will, however, be unreduced for participants age 55 with either (a) 30 years of service or (b) the sum of age and service greater than 85.

Early Retirement Benefit (for former participants of the Concretos Plan): The benefit is reduced for commencement prior to Normal Retirement Date according to factors specified in the plan.

Cemex de Puerto Rico, Inc. Employees' Pension Plan
EIN/PN: 66-0189525/001
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Disability Retirement

Disability Retirement Eligibility: Any physical or mental condition for which a participant shall be eligible to receive benefits under the Company's long-term disability insurance program.

Disability Retirement Eligibility (for former participants of the Concretos Plan): Any physical or mental condition for which a participant is totally and permanently disabled which continues for a period of six months.

Disability Retirement Benefit: Accrued Benefit payable at Normal Retirement Date or reduced for commencement at an Early Retirement Date. Benefits will, however, be unreduced for participants age 55 with either (a) 30 years of service or (b) the sum of age and service greater than 85 for participants of the Cemex Plan prior to the merger.

Death Benefits

Death Benefit: For participants who have been married for at least 12 months and are at or past the earliest retirement age allowed by the Plan, the death benefit will be an immediate annuity to the surviving spouse calculated as if the participant had retired early on the day before his/her death, and elected the Joint and 50% Survivor option.

For participants who have been married for at least 12 months and have a vested benefit but who have not yet reached the early retirement age, the death benefit will be a deferred annuity to the surviving spouse calculated as one-half of the joint and 50% survivor actuarial equivalent of the vested benefit accrued by the participant at the time of his/her death. The deferral must be to the earliest retirement date under the plan or later. If the deferral is to an early retirement date, the early retirement reduction will be applied. The joint and 50% survivor actuarial equivalent is calculated as if the participant had survived to the deferral date.

Notwithstanding the above, if a participant has been married at least 12 months and has completed 20 years of credited service, the surviving spouse shall receive an immediate pension equal to 50% of the participant's accrued pension as adjusted for the joint and 50% survivor form of payment.

Death Benefit (for former participants of the Concretos Plan): The amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to the earliest retirement age, retired with a 50% survivor annuity in effect, then died the next day. For those at Early Retirement Date, the continuation to the spouse is 100%.

Forms of Payment

Normal Form of Benefit: Life Annuity.

Normal Form of Benefit (for former participants of the Concretos Plan): Ten Years Certain and Life Annuity.

Optional Forms of Benefits: 10 Years Certain and Life Annuity, 50% Joint and Survivor Annuity, 75% Joint and Survivor Annuity, 100% Joint and Survivor Annuity.

Cemex de Puerto Rico, Inc. Employees' Pension Plan
EIN/PN: 66-0189525/001
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

For Participants of the Plan as of June 30, 2008, optional forms of benefits are calculated based upon actuarial equivalence using an interest rate of 7-1/2% per year, compounded annually, and mortality rates in accordance with UP84 with no adjustment for the Participant and with a three year age setback for the Beneficiary, if applicable.

Optional Forms of Benefits (for former participants of the Concretos Plan): Life Annuity, Five Years Certain and Life Annuity, 50% Joint and Survivor Annuity, 75% Joint and Survivor Annuity, 100% Joint and Survivor Annuity.

Optional forms of benefits are calculated based upon actuarial equivalence using the Applicable Interest Rate and Applicable Mortality Rate.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [x] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: Cemex de Puerto Rico, Inc. Employees' Pension Plan
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan): Cemex de Puerto Rico, Inc.
2b Employer Identification Number (EIN): 66-0189525
2c Plan Sponsor's telephone number: (787) 783-3000
2d Business code (see instructions): 327300

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.

Table with 4 columns: SIGN HERE, Signature, Date, Name. Row 1: Michelle A. Negrón, 10/08/2025, Michellea Negrón. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
EIN: 66-0189525 PLAN NO. 001
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)
AS OF DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Common stocks:			
	ISHARES CORE S&P	63,194 Shares	\$ 3,491,386	\$ 5,851,132
	ISHARES CORE S&P U.S.	39,609 Shares	2,422,652	5,519,514
	VANGUARD FTSE ALL WORLD	20,445 Shares	1,120,172	1,173,747
	VANGUARD FTSE EMERGING	11,864 Shares	568,270	522,491
	VANGUARD SMALL CAP	2,447 Shares	507,201	685,307
	VANGUARD SMALL CAP VALUE	3,226 Shares	490,306	639,329
	Total common stocks		8,599,987	14,391,520
	US Government bonds:			
	Federal Farm Credit Bank - 5.050% (Callable)	700,000 Shares	700,000	701,617
	U.S. TREASURY NOTE - 4.125%	350,000 Shares	346,651	341,362
	U.S. TREASURY NOTE - 4.000%	350,000 Shares	345,065	342,657
	U.S. TREASURY NOTE - 4.000%	400,000 Shares	397,376	394,520
	U.S. TREASURY NOTE - 4.375%	350,000 Shares	354,006	344,621
	U.S. TREASURY NOTE - 3.125%	400,000 Shares	445,345	382,756
	Total US Government bonds		2,588,443	2,507,533
	Corporate Bonds and Debentures:			
	AMERICAN TOWER CORP	200,000 Shares	181,102	189,334
	ANHEUSER-BUSCH INBEV FIN	200,000 Shares	220,093	199,920
	AON NORTH AMERICA INC	150,000 Shares	151,821	149,739
	BP CAP MKTS AMER INC	200,000 Shares	220,780	197,548
	CIGNA CORP NEW	200,000 Shares	236,936	196,056
	CVS HEALTH CORP	200,000 Shares	219,588	193,782
	CAPITAL ONE FINANCIAL CO	200,000 Shares	210,341	193,046
	COMCAST CORP	200,000 Shares	234,240	185,580
	ENERGY TRANSFER LP	150,000 Shares	148,665	149,232
	ENTERPRISE PRODUCTS OPER	200,000 Shares	225,490	198,082
	EQUINIX INC	150,000 Shares	138,200	138,159
	EXELON CORP	200,000 Shares	186,920	190,594
	FIFTH THIRD BANCORP	200,000 Shares	229,466	193,582
	GENERAL ELECTRIC CO	200,000 Shares	226,682	186,374
	GENERAL MILLS INC	200,000 Shares	233,476	195,838
	INTEL CORP	200,000 Shares	222,106	187,380
	JPMORGAN CHASE & CO	200,000 Shares	221,080	196,946
	LAM RESEARCH CORP	200,000 Shares	215,498	194,454
	LOCKHEED MARTIN CORP	200,000 Shares	103,951	99,060
	MPLX LP	200,000 Shares	228,669	197,032
	MARSH & MCLENNAN COS INC	200,000 Shares	243,926	196,408
	MASTERCARD INC	200,000 Shares	226,802	195,048
	NASDAQ INC	150,000 Shares	151,326	151,315
	NEXTERA ENERGY CAPITAL	125,000 Shares	122,120	122,535
	PFIZER INC	200,000 Shares	220,048	194,584
	CHARLES SCHWAB CORP	150,000 Shares	156,035	157,488
	T-MOBILE USA INC	200,000 Shares	214,768	195,392
	TRUIST FINANCIAL CORP	150,000 Shares	150,419	152,715
	US BANCORP	200,000 Shares	199,649	195,712
	VERIZON COMMUNICATIONS	200,000 Shares	240,463	195,890
	WELLS FARGO & COMPANY	200,000 Shares	212,685	197,324
	USD ENBRIDGE INC	100,000 Shares	101,183	101,039
	Total Corporate Bonds and Debentures:		6,294,528	5,687,188
	Money Funds:			
*	ML BANK DEPOSIT PROGRAM	1,560,061 Shares	1,560,061	1,560,061
	BLF FEDFUND CASH RESERVE	204,808 Shares	204,808	204,808
	Total Money Funds:		1,764,869	1,764,869
			\$ 19,247,827	\$ 24,351,110

Note: The above information has been certified as complete and accurate by Oriental Bank, trustee.

* Represents party-in-interest as defined by ERISA.

Cemex de Puerto Rico, Inc. Employees' Pension Plan
EIN/PN: 66-0189525/001
Attachment to 2024 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2024
4/16/2024	2024	5.12%	10.12%	\$ 170,185	\$ 167,728
10/11/2024	2024	5.12%	10.12%	340,370	326,880
4/3/2025	2024	5.12%		246	231
Total				510,801	494,839

CEMEX DE PUERTO RICO, INC. EMPLOYEES' PENSION PLAN
EIN: 66-0189525 PLAN NO. 001
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Assets		(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
BLF Fedfund	Cash Reserve	(i)	\$ 5,264,951	\$ -	\$ -	\$ -	\$ 5,462,951	\$ 5,462,951	\$ -
BLF Fedfund	Cash Reserve	(i)	\$ -	\$ 5,462,880	\$ -	\$ -	\$ 5,462,880	\$ 5,462,880	\$ -
VANGUARD FTSE ALL WORLD	Mutual Funds	(i)	\$ -	\$ 1,500,467	\$ -	\$ -	\$ 1,500,467	\$ 1,427,921	\$ (72,546)
ML BANK DEPOSIT PROGRAM	Deposit Program	(i)	\$ 3,002,192	\$ -	\$ -	\$ -	\$ 3,002,192	\$ 3,002,192	\$ -
ML BANK DEPOSIT PROGRAM	Deposit Program	(i)	\$ -	\$ 1,689,064	\$ -	\$ -	\$ 1,689,064	\$ 1,689,064	\$ -

(i) Represent series of selling and purchasing transactions of the same issue in excess of 5% of the Plan's net assets at the beginning of the year.