

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>3M EMPLOYEES FAMILY MONTHLY INCOME BENEFIT AND OPTIONAL LIFE INSURANCE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>545</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>3M EMPLOYEES BENEFITS TRUST ASSOCIATION</u></p> <p><u>3M CENTER</u> <u>223-6N-02</u> <u>ST. PAUL, MN 55133-1000</u></p>	<p>1c Effective date of plan <u>01/01/1982</u></p> <p>2b Employer Identification Number (EIN) <u>41-1414203</u></p> <p>2c Plan Sponsor's telephone number <u>651-733-1005</u></p> <p>2d Business code (see instructions) <u>339900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	DEIDRE REHFELD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	21292
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)	21292
	6a(2)	19387
	6b	0
	6c	0
	6d	19387
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4B

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 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 type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(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 _____

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		9547903
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶ VOLUNTARY AD&D

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1408201
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 3M EMPLOYEES FAMILY MONTHLY INCOME BENEFIT AND OPTIONAL LIFE INSURANCE PLAN	B Three-digit plan number (PN) ▶	545
C Plan sponsor's name as shown on line 2a of Form 5500 3M EMPLOYEES BENEFITS TRUST ASSOCIATION	D Employer Identification Number (EIN) 41-1414203	

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

PACIFIC INVESTMENT MANAGEMENT COMPA

33-0629048

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

THE BANK OF NEW YORK MELLON

13-5160382

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

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

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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	69018	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)

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21179	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"/>

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 3M EMPLOYEES FAMILY MONTHLY INCOME BENEFIT AND OPTIONAL LIFE INSURANCE PLAN	B Three-digit plan number (PN) ▶ 545
C Plan sponsor's name as shown on line 2a of Form 5500 3M EMPLOYEES BENEFITS TRUST ASSOCIATION	D Employer Identification Number (EIN) 41-1414203

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	0
(3) Other	1b(3)	771
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	182774
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(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)	4286009
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5646120	4469554
Liabilities			
g Benefit claims payable.....	1g	1131576	0
h Operating payables.....	1h	7236	18924
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	110531	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1249343	18924
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4396777	4450630

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	11580692	
(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)		11580692
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2
(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)	193051	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		193051
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0

		(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)		-69140
c Other income	2c		4587
d Total income. Add all income amounts in column (b) and enter total	2d		11709192

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	11563892	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11563892
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)	69018	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21178	
(5) Investment advisory and investment management fees	2i(5)	1251	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)		91447
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11655339

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		53853
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		208436
4b		X	
4c		X	
4d		X	
4e	X		25000000
4f		X	
4g		X	
4h		X	
4i	X		
4j	X		
4k		X	
4l		X	
4m			
4n			

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 _____.

3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

EIN: 41-1414203

**Financial Statements and Supplemental Schedules
December 31, 2024 and 2023**

3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act ("ERISA") of 1974 have been omitted because they are not applicable.



INDEPENDENT AUDITORS' REPORT

Board of Directors
3M Employees' Family Monthly Income Benefit
and Optional Life Insurance Plan
St. Paul, Minnesota

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of 3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Board of Directors
3M Employees' Family Monthly Income Benefit
and Optional Life Insurance Plan

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 3M Employees' Family Monthly Income Benefit and Optional Life Insurance 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 3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Board of Directors
3M Employees' Family Monthly Income Benefit
and Optional Life Insurance Plan

- 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 3M Employees' Family Monthly Income Benefit and Optional Life Insurance 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 3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

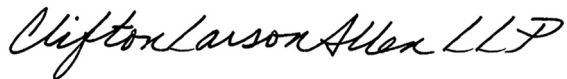
The supplemental schedule of assets (held at end of year), schedule of reportable transactions, and schedule of delinquent participant contributions as of or for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements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

Board of Directors
3M Employees' Family Monthly Income Benefit
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In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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



CliftonLarsonAllen LLP

Minneapolis, Minnesota
September 25, 2025

3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Statements of Benefit Obligations and Net Assets Available for Benefits At December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value		
Money market security	\$ 182,774	\$ 366,104
Mutual fund	4,286,009	4,177,129
Total investments, at fair value	<u>4,468,783</u>	<u>4,543,233</u>
Receivables		
Accrued interest receivable	771	1,652
Participant contributions receivable	-	1,101,235
Total receivables	<u>771</u>	<u>1,102,887</u>
Total assets	<u>4,469,554</u>	<u>5,646,120</u>
LIABILITIES		
Payables		
Accrued expenses	18,924	7,236
Due to related trust	-	110,531
Total liabilities	<u>18,924</u>	<u>117,767</u>
Net assets available for benefits	<u>\$ 4,450,630</u>	<u>\$ 5,528,353</u>
BENEFIT OBLIGATIONS		
Benefit obligations	<u>-</u>	<u>(1,131,576)</u>
Excess of net assets available for benefits over benefit obligations	<u>\$ 4,450,630</u>	<u>\$ 4,396,777</u>

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

3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan
Statement of Changes in Benefit Obligations and Net Assets Available for Benefits
For the year ended December 31, 2024

	<u>2024</u>
Net change in net assets available for benefits	
Contributions	
Participant contributions	\$ 11,580,692
Investment income	
Dividends	193,051
Interest	15,032
Other income	4,587
Net depreciation in fair value of mutual fund	<u>(84,170)</u>
Total investment gain	<u>128,500</u>
Deductions	
Premiums to insurance company	(12,695,468)
Administrative and general expenses	<u>(91,447)</u>
Total deductions	<u>(12,786,915)</u>
Net decrease in net assets available for benefits	(1,077,723)
Net change in benefit obligations	<u>1,131,576</u>
Net change	\$ 53,853
Beginning of the year	<u>4,396,777</u>
End of the year	<u>\$ 4,450,630</u>

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

3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Notes to the Financial Statements

1. Description of Plan

The 3M Employees' Benefits Trust Association (the "Association") was incorporated under the Minnesota Nonprofit Corporation Act as a Voluntary Employee Benefit Association (VEBA) on November 18, 1981. The purpose of the Association is to provide life and survivor insurance benefits to the members of the Association through group insurance arrangements with an insurance company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). In order to provide these benefits, the Association established the 3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan (the "Plan"), which allows employee participation in the following benefits:

The Child Life Insurance Benefit allows each member to purchase \$10,000 or \$20,000 of life insurance coverage for their eligible children.

The Spouse/Domestic Partner Life Insurance Benefit allows each member to purchase \$25,000, \$50,000, \$75,000, \$100,000, \$200,000 or \$250,000 of life insurance coverage for their spouse.

The Additional Life Insurance Benefit allows each member to purchase life insurance coverage equal to one to ten times his or her annual earnings (maximum of \$345,000 per level up to a total maximum of \$3,450,000).

The Accidental Death and Dismemberment (AD&D) allows each member to purchase AD&D equal to one to ten times his or her annual earnings (maximum of \$345,000 per level up to a total maximum of \$3,450,000).

All union-free employees of 3M Company ("3M") and its domestic subsidiaries are eligible for membership in the Association. Membership in the Association is at the option of the employee.

Members should refer to the Life Insurance Certificate/Summary Plan Document for a more complete description of the Plan's benefit program provisions and other matters.

The Board of Directors of the Association is free to change the benefits provided at any time subject to the provisions of the Plan agreement.

Trustee

The BNY Mellon, N.A. is the Plan's Trustee (the "Trustee").

Basis of Accounting

The accounting records of the Plan are maintained on the accrual basis.

3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Notes to the Financial Statements

2. Summary of Significant Accounting Policies

Investments 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. See Note 4 for discussion of fair value measurements.

The net depreciation in the fair value of investments as shown in the accompanying statement of changes in benefit obligations and net assets available for benefits includes realized gains/losses on the sale of investments and unrealized appreciation/depreciation on those investments.

Interest income is recorded as earned on an accrual basis and dividend income is recorded on the ex-dividend date. Purchases and sales of securities are recorded on the trade date.

Contributions of Members and Insurance Premiums

The Association arranges with Securian Life Insurance Company to provide coverage for participants enrolled in the Plan. The Association, in agreement with the insurance company, determines appropriate employee premiums based on the elected coverage to cover claim payments and necessary reserve amounts.

Employee contributions are recorded as additions to the Plan's net assets at the time of payroll withholding by 3M and are based on the coverage elected by the participant. The Plan pays insurance premiums to the insurance company monthly based on insurance in force, which are charged as deductions against the Plan's net assets.

Plan Termination

While the Board of Directors of the Association has not expressed any intent to discontinue the Plan, it is free to do so at any time subject to the provisions of the Plan agreement. In the event such discontinuance results in the termination of the Plan, the insurance company would be liable for any claims up to the date of termination. Additionally, the net assets of the Plan, after the final account of the Trustee has been approved and settled, shall be segregated to provide for death benefits payable to all members who were covered by the Plan on the date of termination. No contributions are made by 3M to the Plan.

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the dates of the financial statements and benefit obligations as of the benefit information dates, the changes in net assets available for benefits and the changes in the benefit obligations during the reporting periods and, when applicable, the disclosures of contingent assets and liabilities at the dates of the financial statements. Actual results could differ from those estimates.

3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Notes to the Financial Statements

2. Summary of Significant Accounting Policies, continued

Risks and Uncertainties

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

Subsequent Events

The Plan has evaluated subsequent events through September 25, 2025, the date the financial statements were available to be issued and noted no items requiring adjustment of the financial statements or additional disclosures.

3. Certification

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements, related notes and supplemental schedules is complete and accurate.

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Money market security	\$ 182,774	\$ 366,104
Mutual fund	4,286,009	4,177,129
	<u>\$ 4,468,783</u>	<u>\$ 4,543,233</u>
		<u>Year Ended</u> <u>December 31, 2024</u>
Dividends		\$ 193,051
Interest income		15,032
Other income		4,587
Net depreciation in fair value of mutual fund		<u>(84,170)</u>
Total investment gain		<u>\$ 128,500</u>

3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Notes to the Financial Statements

4. Fair Value Measurements

ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

- Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset 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.

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

The Money Market security is valued at constant net asset value (NAV) of \$1.00 per share held by the Plan at the year end.

The *Mutual fund* is valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Notes to the Financial Statements

4. Fair Value Measurements, continued

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

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 182,774	\$ -	\$ -	\$ 182,774
Mutual fund	4,286,009	-	-	4,286,009
	<u>\$ 4,468,783</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,468,783</u>

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 366,104	\$ -	\$ -	\$ 366,104
Mutual fund	4,177,129	-	-	4,177,129
	<u>\$ 4,543,233</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,543,233</u>

5. Income Tax Status

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service dated June 30, 1983, stating that the Trust, as designed, was tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association. The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. Subsequent amendments are structured to, and are intended to, maintain the qualified status of the Trust. The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and, therefore, believes the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Amount Due to Related Trust

During 2023 a deposit of \$110,531 was made to the Plan in error. The amounts were moved to the proper trust in March 2024.

3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Notes to the Financial Statements

7. Delinquent Contributions

During 2023, the Plan failed to remit certain employee contributions for certain payroll periods within the timeframe prescribed by the Department of Labor. These late contributions were corrected during the Plan year ended December 31, 2024.

8. Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023.

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Net assets available for benefits per the financial statements	\$ 4,450,630	\$ 5,528,353
Benefit claims payable	-	(1,131,576)
Net assets available for benefits per Form 5500	<u>\$ 4,450,630</u>	<u>\$ 4,396,777</u>

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements for the year ended December 31, 2024 to Form 5500:

	<u>Year Ended December 31, 2024</u>
Net decrease in net assets available for benefits per the financial statements	\$ (1,077,723)
Plus benefit claims payable	1,131,576
Net increase in net assets available for benefits per Form 5500	<u>\$ 53,853</u>

SUPPLEMENTAL SCHEDULES

3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Attachment Schedule H (Form 5500) (2024)

Line 4i – Schedule of Assets (Held at End of Year)

EIN: 41-1414203

Plan Name: Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Plan Number: 545

Plan Year – December 31, 2024

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date and Rate of Interest, Par, or Maturity Value	(c) Cost	(d) Current Value
Money Market			
Fidelity Institutional Money Market Government Fund - Inst.	Money Market, VAR RT 12/31/2049 DD 11/17/16 182,774 shares	\$ 182,774	\$ 182,774
Mutual Fund			
Pacific Investment Management Company (PIMCO) - Total Return Mutual Fund	Mutual fund, 505,426 shares	<u>5,282,518</u>	<u>4,286,009</u>
Total investments held at end of year		<u>\$ 5,465,292</u>	<u>\$ 4,468,783</u>

Information in this schedule has been certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A.

**3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan
Attachment Schedule H (Form 5500) (2024)**

Line 4j – Schedule of Reportable Transactions

EIN: 41-1414203

Plan Name: Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Plan Number: 545

Plan Year – January 1, 2024 through December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (includes interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single transaction in excess of 5% of plan assets						
Fidelity	Fidelity Investments Money Market Government Fund - Inst. VAR RT 12/31/2049 DD 11/17/16					
	Purchased 894,452	\$ 894,452	\$ -	\$ 894,452	\$ 894,452	\$ -
	Sold 1,131,576	-	1,131,576	1,131,576	1,131,576	-
	Purchased 954,977	954,977	-	954,977	954,977	-
	Sold 1,106,909	-	1,106,909	1,106,909	1,106,909	-
	Purchased 1,262,616	1,262,616	-	1,262,616	1,262,616	-
	Sold 1,116,000	-	1,116,000	1,116,000	1,116,000	-
	Purchased 276,361	276,361	-	276,361	276,361	-
	Purchased 804,918	804,918	-	804,918	804,918	-
	Sold 829,322	-	829,322	829,322	829,322	-
	Purchased 950,548	950,548	-	950,548	950,548	-
	Sold 830,616	-	830,616	830,616	830,616	-
	Purchased 804,482	804,482	-	804,482	804,482	-
	Sold 827,904	-	827,904	827,904	827,904	-
	Purchased 805,011	805,011	-	805,011	805,011	-
	Sold 828,320	-	828,320	828,320	828,320	-
	Purchased 803,506	803,506	-	803,506	803,506	-
	Sold 831,457	-	831,457	831,457	831,457	-

Note: Columns (e) and (f) are excluded due to nonapplicability.

There were no category (ii) or (iv) transactions for the year ending December 31, 2024.

Information in this schedule has been certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A.

**3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan
Attachment Schedule H (Form 5500) (2024)**

Line 4j – Schedule of Reportable Transactions (continued)

EIN: 41-1414203

Plan Name: Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Plan Number: 545

Plan Year – January 1, 2024 through December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (includes interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of plan assets						
Fidelity	Fidelity Investments Money Market Government Fund - Inst. VAR RT 12/31/2049 DD 11/17/16					
	Purchased 7,842,204	\$ 7,842,204	\$ -	\$ 7,842,204	\$ 7,842,204	-
	Sold 8,025,518	-	8,025,518	8,025,518	8,025,518	-

Note: Columns (e) and (f) are excluded due to nonapplicability.

There were no category (ii) or (iv) transactions for the year ending December 31, 2024.

Information in this schedule has been certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A.

**3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan
Attachment Schedule H (Form 5500) (2024)**

Line 4a – Schedule of Delinquent Participant Contributions

EIN: 41-1414203

Plan Name: Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Plan Number: 545

Plan Year – Plan Year – December 31, 2024

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correct in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 208,436	\$ -	\$ 208,436	\$ -	\$ -

**3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan
Attachment Schedule H (Form 5500) (2024)
Line 4j – Schedule of Reportable Transactions**

EIN: 41-1414203

Plan Name: Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Plan Number: 545

Plan Year – January 1, 2024 through December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (includes interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value	
					of Asset on Transaction Date	Net Gain (Loss)
Category (i) - Single transaction in excess of 5% of plan assets						
Fidelity						
	Fidelity Investments Money Market Government Fund - Inst. VAR RT 12/31/2049 DD 11/17/16	\$ 894,452	\$ -	\$ 894,452	\$ 894,452	\$ -
	Purchased 894,452					
	Sold 1,131,576		1,131,576	1,131,576	1,131,576	-
	Purchased 954,977	954,977	-	954,977	954,977	-
	Sold 1,106,909		1,106,909	1,106,909	1,106,909	-
	Purchased 1,262,616	1,262,616	-	1,262,616	1,262,616	-
	Sold 1,116,000		1,116,000	1,116,000	1,116,000	-
	Purchased 276,361	276,361	-	276,361	276,361	-
	Purchased 804,918	804,918	-	804,918	804,918	-
	Sold 829,322		829,322	829,322	829,322	-
	Purchased 950,548	950,548	-	950,548	950,548	-
	Sold 830,616		830,616	830,616	830,616	-
	Purchased 804,482	804,482	-	804,482	804,482	-
	Sold 827,904		827,904	827,904	827,904	-
	Purchased 805,011	805,011	-	805,011	805,011	-
	Sold 828,320		828,320	828,320	828,320	-
	Purchased 803,506	803,506	-	803,506	803,506	-
	Sold 831,457		831,457	831,457	831,457	-

Note: Columns (e) and (f) are excluded due to nonapplicability.

There were no category (ii) or (iv) transactions for the year ending December 31, 2024.

Information in this schedule has been certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A.

**3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan
Attachment Schedule H (Form 5500) (2024)**

Line 4j – Schedule of Reportable Transactions (continued)

EIN: 41-1414203

Plan Name: Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Plan Number: 545

Plan Year – January 1, 2024 through December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (includes interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of plan assets						
Fidelity	Fidelity Investments Money Market Government Fund - Inst. VAR RT 12/31/2049 DD 11/17/16	\$ 7,842,204	-	\$ 7,842,204	\$ 7,842,204	-
	Purchased 7,842,204					
	Sold 8,025,518	-	8,025,518	8,025,518	8,025,518	-

Note: Columns (e) and (f) are excluded due to nonapplicability.

There were no category (ii) or (iv) transactions for the year ending December 31, 2024.

Information in this schedule has been certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A.

**3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan
Attachment Schedule H (Form 5500) (2024)
Line 4a – Schedule of Delinquent Participant Contributions**

EIN: 41-1414203

Plan Name: Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Plan Number: 545

Plan Year – Plan Year – December 31, 2024

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check Here if Late	Contributions Not Corrected	Contributions Corrected Outside VFCP	
Participant Loan Repayments are Included:				
\$ 208,436	\$ -	\$ 208,436	\$ -	\$ -

3M Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Attachment Schedule H (Form 5500) (2024)

Line 4i – Schedule of Assets (Held at End of Year)

EIN: 41-1414203

Plan Name: Employees' Family Monthly Income Benefit and Optional Life Insurance Plan

Plan Number: 545

Plan Year – December 31, 2024

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date and Rate of Interest, Par, or Maturity Value	(c) Cost	(d) Current Value
Money Market			
Fidelity Institutional Money Market Government Fund - Inst.	Money Market, VAR RT 12/31/2049 DD 11/17/16 182,774 shares	\$ 182,774	\$ 182,774
Mutual Fund			
Pacific Investment Management Company (PIMCO) - Total Return Mutual Fund	Mutual fund, 505,426 shares	<u>5,282,518</u>	<u>4,286,009</u>
Total investments held at end of year		<u>\$ 5,465,292</u>	<u>\$ 4,468,783</u>

Information in this schedule has been certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A.