Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
3M SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 013

1c Effective date of plan 10/01/1988

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)
3M COMPANY

3M CENTER
223-6N-02
ST. PAUL, MN 55144-1000

2b Employer Identification Number (EIN) 41-0417775

2c Plan Sponsor's telephone number 651-733-1005

2d Business code (see instructions) 339900

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.	10/13/2026	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2330
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1539
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1591
b	Retired or separated participants receiving benefits	**6b**	305
c	Other retired or separated participants entitled to future benefits	**6c**	350
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2246
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	95
f	Total. Add lines **6d** and **6e**.	**6f**	2341
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	2300
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	2321
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	16
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2H 2J 2K 2S 2T 3H 3I 2R

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
3M SAVINGS PLAN

B Three-digit plan number (PN) ▶ 013

C Plan sponsor's name as shown on line 2a of Form 5500
3M COMPANY

D Employer Identification Number (EIN)
41-0417775

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PIMCO

33-0629048

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

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

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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)

CLIFTONLARSONALLEN

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	43150	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTL TRUST CO. NA

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	NONE	36224	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

3M COMPANY

41-0417775

(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?
14 50	PLAN SPONSOR	9869	Yes [X] No [ ]	Yes [ ] No [X]	38	Yes [ ] No [X]

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)

NEPC, LLC

26-1429809

(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?
16 50	NONE	7934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWPORT TRUST COMPANY

27-4411131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	6402	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB 7 CO.	59	0
(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.	
SEE ATTACHMENT 20-1993634	SEE ATTACHMENT	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
3M SAVINGS PLAN

B Three-digit plan number (PN) ▶ 013

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
3M COMPANY

D Employer Identification Number (EIN)
41-0417775

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

a Name of MTIA, CCT, PSA, or 103-12 IE: 3M VOLUNTARY INVESTMENT PLAN & SAVI

b Name of sponsor of entity listed in (a): 3M COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3205742-003	M	296028319

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE TRUST GOVT SHORT TERM IN

b Name of sponsor of entity listed in (a): THE BANK OF NY MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-6243181-001	C	101884

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
3M SAVINGS PLAN

B Three-digit plan number (PN) ▶ 013

C Plan sponsor's name as shown on line 2a of Form 5500
3M COMPANY

D Employer Identification Number (EIN)
41-0417775

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	112203	78401
(2) Participant contributions	1b(2)	72801	0
(3) Other	1b(3)	36347	1640603
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	7911127	9149990
(9) Value of interest in common/collective trusts	1c(9)	107329	101884
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	267304599	296028319
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	9577739	10025807

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	285122145	317025004
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	19874
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	19874
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	285122145	317005130

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)	4892457	
(B) Participants	2a(1)(B)	11711807	
(C) Others (including rollovers)	2a(1)(C)	753742	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		17358006
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	789597	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		789597
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		1698804
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		44784805
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		1144715
d Total income. Add all **income** amounts in column (b) and enter total	2d		65775927
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33215644	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		33215644
f Corrective distributions (see instructions)	2f		138
g Certain deemed distributions of participant loans (see instructions)	2g		-40003
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	9869	
(3) Recordkeeping fees	2i(3)	27738	
(4) IQPA audit fees	2i(4)	43150	
(5) Investment advisory and investment management fees	2i(5)	36224	
(6) Bank or trust company trustee/custodial fees	2i(6)	4565	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	2443	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	18073	
(11) Other expenses	2i(11)	5832	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		147894
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		33323673
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		32452254
l Transfers of assets:			
(1) To this plan	2l(1)		365338
(2) From this plan	2l(2)		934607

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
3M VOLUNTARY INVESTMENT PLAN AND EMPLOYEE STOCK OWNERSHIP PLAN	41-0417775	333

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
3M SAVINGS PLAN

B Three-digit plan number (PN) ▶ 013

C Plan sponsor's name as shown on line 2a of Form 5500
3M COMPANY

D Employer Identification Number (EIN)
41-0417775

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): 20-3691708 84-1455663

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

3M Voluntary Investment Plan and Employee Stock Ownership Plan

and

3M Savings Plan

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

and for the Year Ended

December 31, 2025

With Report of Independent Auditors

3M Voluntary Investment Plan and Employee Stock Ownership Plan and 3M Savings Plan

Contents

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
3M Voluntary Investment Plan and Employee Stock
Ownership Plan and 3M Savings Plan
Maplewood, Minnesota

Report on the Audits of the Financial Statements

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

We have performed audits of the financial statements of 3M Voluntary Investment Plan and Employee Stock Ownership Plan and 3M Savings Plan (Plans), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plans (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, 2025 and 2024, and for the year ended December 31, 2025 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 accompanying, 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.

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See CLAglobal.com/disclaimer.

- the information in the financial statements accompanying 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 the Plans 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) audits 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 Plans' abilities to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining current plan instruments, including all plan amendments, administering the Plans, and determining that the Plans' transactions that are presented and disclosed in the financial statements are in conformity with the Plans' 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) Audits section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal controls relevant to the audits 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 Plans' internal controls. 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 Plans' 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or are 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

CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 9, 2026

3M Voluntary Investment Plan and Employee Stock Ownership Plan and 3M Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2025

	3M Voluntary Investment Plan and Employee Stock Ownership Plan	3M Savings Plan
Assets		
Investments, at fair value:		
Interest in 3M Voluntary Investment Plan and Savings Plan Trust	$ 10,735,512,607	$ 296,028,319
Common/collective trust	18,059,105	101,884
Self-directed brokerage investments	721,030,383	10,025,807
Total investments	11,474,602,095	306,156,010
Receivables:		
Employer contributions	13,903,031	78,401
Participant notes receivable	96,787,228	9,149,990
Other	224,934	1,640,603
Total receivables	110,915,193	10,868,994
Liabilities - Other payables	1,006,545	19,874
Net Assets Available for Benefits	**$ 11,584,510,743**	**$ 317,005,130**

See notes to financial statements.

3M Voluntary Investment Plan and Employee Stock Ownership Plan and 3M Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2024

	3M Voluntary Investment Plan and Employee Stock Ownership Plan	3M Savings Plan
Assets		
Investments, at fair value:		
Interest in 3M Voluntary Investment Plan and Savings Plan Trust	$ 9,849,694,378	$ 267,304,599
Common/collective trust	3,345,758	107,329
Self-directed brokerage investments	628,764,100	9,577,739
Total investments	10,481,804,236	276,989,667
Receivables:		
Employee contributions	-	112,203
Employer contributions	14,594,461	72,801
Participant notes receivable	98,043,633	7,911,127
Other	1,567,820	36,347
Total receivables	114,205,914	8,132,478
Net Assets Available for Benefits	**$ 10,596,010,150**	**$ 285,122,145**

See notes to financial statements.

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

	3M Voluntary Investment Plan and Employee Stock Ownership Plan	3M Savings Plan
Additions		
Contributions:		
Participant	$ 236,802,559	$ 11,711,807
Employer	133,486,053	4,892,457
Rollover	29,703,597	753,742
Total contributions	399,992,209	17,358,006
Investment income:		
Net realized and unrealized gains on investments in self-directed brokerage investments	120,628,849	2,843,519
Plan interest in 3M Voluntary Investment Plan and Savings Plan Trust investment income	1,663,626,852	44,793,203
Total investment income	1,784,255,701	47,636,722
Less investment expenses	2,276,042	56,099
Interest from participant notes receivable	9,082,262	789,597
Total additions	2,191,054,130	65,728,226
Deductions		
Benefits paid directly to participants or beneficiaries	1,200,622,296	33,175,779
Administrative expenses	2,500,510	100,193
Total deductions	1,203,122,806	33,275,972
Other Transfers In (Out) - Net	569,269	(569,269)
Net Increase	988,500,593	31,882,985
Net Assets Available for Benefits		
Beginning of year	10,596,010,150	285,122,145
End of year	**$ 11,584,510,743**	**$ 317,005,130**

See notes to financial statements.

Note 1 - Description of Plans

The following description of 3M Voluntary Investment Plan and Employee Stock Ownership Plan (VIP) and 3M Savings Plan (Savings Plan) (collectively, the "Plans") are provided for general information purposes only. Participants should refer to the Summary Plan Descriptions and plan documents for a more complete description of each of the Plan's provisions.

General

Substantially all active United States regular full-time and part-time salaried and non-union hourly employees of 3M Company and its subsidiaries (3M or the "Company") are eligible to participate in VIP.

Effective October 1, 1988, 3M created the Savings Plan for union employees. Substantially all active United States regular full-time and part-time union employees of 3M who have been employed for at least three continuous months are eligible to participate if this benefit has been bargained for in their respective collective bargaining agreement.

Effective April 1, 2024, 3M spun off its health care business to the newly independent Solventum Corporation ("Solventum").

The Plans are defined contribution plans and are subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Contributions are made by participating employees and by 3M.

Participant Contributions

VIP

VIP is comprised of accounts for participants: the Individual Retirement Account (IRA), the After-Tax Savings Account, the Before-Tax 401(k) Account, the Roth 401(k) Account, and three Rollover Accounts: After-Tax, Before-Tax, and Roth rollover accounts. The IRA is no longer a contribution option for current 3M employees even though certain participant balances still include investments related to this former provision. Participants may contribute to the Before-Tax 401(k) Account, Roth 401(k) Account, or the After-Tax Savings Account or to all three accounts. After-tax savings contributions are not eligible for matching contributions. Participants may contribute from 2% to 35% of their compensation to the 401(k) Accounts (Before-Tax and/or Roth) through salary deferrals, not to exceed the Internal Revenue Service (IRS) limits (17% maximum for employees whose annual compensation is in excess of certain IRS limits).

Savings Plan

The Savings Plan is comprised of accounts for participants: the Before-Tax Account 401(k), Roth 401(k) Account, the After-Tax Savings Account, and the Rollover Accounts. Participants may contribute to the Before-Tax 401(k) Account, Roth 401(k) Account, or the After-Tax Savings Account or to all three accounts. After-tax savings contributions are not eligible for matching contributions. Participants may contribute from 2% to 20% of their compensation to the 401(k) Accounts through salary deferrals, not to exceed the Internal Revenue Service (IRS) limits (10% maximum for employees whose annual compensation is in excess of certain IRS limits).

Note 1 - Description of Plans (Continued)

Both Plans

Subject to overall plan and IRS limitations, participants may contribute 2% to 9% of their compensation to the After-Tax Savings Account. The Rollover Accounts accept direct rollovers or eligible rollover contributions from a former employer's qualified plan. The Plans also accept rollovers of lump-sum payments from 3M Employee Retirement Income Plan, the Company's qualified pension plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions to their 401(k) Accounts (Before-Tax and/or Roth), subject to IRS limits. Catch-up contributions are not eligible for company matching contributions.

Newly hired employees in the Savings Plan are automatically enrolled three months after their hire date, and newly hired employees in VIP are automatically enrolled 45 days after their hire date, at a default before-tax contribution rate of 6% for Savings Plan and 7% for VIP, with contributions invested 100% in the LifePath® Portfolio closest to the year in which the participant will reach age 65. In addition, participants automatically enrolled will have their default percentage increased by 1% each year up to a maximum of 10% of compensation beginning as soon as administratively possible on or after April 1 in the plan year following the plan year they were enrolled. Employees can enroll, decline, or change their contribution rate or investment elections at any time.

Company Contributions

All employer contributions are made in cash and invested at the direction of the participant, based on provisions of the respective plan, and will default to the 3M LifePath® Portfolio closest to the year in which the participant will reach age 65 when no contribution election is on file.

VIP

3M makes matching contributions to VIP at rates from 45% to 100% of eligible 401(k) Account (Before-Tax and/or Roth) contributions (limited to the first 5% of eligible earnings). Employees hired or rehired on or after January 1, 2009, or hired prior to January 1, 2009 and whose employer became a participating subsidiary on January 1, 2009 or later, will also receive a nonelective company contribution of 3% of 401(k) eligible earnings.

Savings Plan

Pursuant to the terms of various collective bargaining agreements, 3M may make matching contributions to the Savings Plan from 40% to 100% of the eligible participants' 401(k) Account contributions (up to the first 5% of 401(k) eligible earnings, as listed in the collective bargaining agreement). In addition, those participants (dependent on the specific collective bargaining unit agreement and membership) hired or rehired on January 1, 2009 or later receive a nonelective company contribution (Retirement Income Account (RIA)) made in cash. The percent of the nonelective company contribution is determined by the collective bargaining agreement. 3M employer contributions are made to the Company Match Account.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their own contributions to the Plans, plus any earnings thereon.

Note 1 - Description of Plans (Continued)

VIP

For VIP, each participant's interest in employer contributions vests at 40% after one year of service, 70% after two years of service, and 100% after three years of service. Also, a participant can become immediately 100% fully vested upon attainment of age 65, when a participant is determined to be totally and permanently disabled while also receiving Social Security disability income, when a participant's employment ends as a result of a management-approved downsizing, business sale or shutdown, or when a participant dies.

Savings Plan

For Savings Plan, each participant's interest in employer contributions vests at 40% after one year of service, 70% after two years of service, and 100% after three years of service. Also, a participant can become immediately 100% fully vested upon retirement, death, or becoming permanently disabled. If a participant terminates employment before being fully vested, the nonvested portion of their account will be forfeited.

Forfeitures

Forfeitures of nonvested account balances are used to reduce future plan administrative expenses or company contributions. At December 31, 2025 and 2024, forfeited nonvested accounts for VIP totaled $5,097,121 and $5,606,109, respectively. Forfeitures of $4,618,024 were used to reduce VIP employer contributions for the year ended December 31, 2025. At December 31, 2025 and 2024, forfeited nonvested accounts for Savings Plan totaled $468,175 and $667,213, respectively. Forfeitures of $102,545 were used to reduce Savings Plan employer contributions for the year ended December 31, 2025.

Withdrawals

Subject to certain federal tax considerations, participants may withdraw funds from the After-Tax Savings account, Individual Retirement Account (IRA), if applicable, or Rollover account at any time. Participants may withdraw funds from the remaining accounts when specific conditions are met. These conditions include reaching age 59½, termination of employment (including retirement), and becoming permanently and totally disabled while also receiving Social Security disability income.

A participant who has common shares of 3M stock in their participant account and is eligible to request a withdrawal may choose to receive the value of the 3M stock in cash or in actual shares of 3M common stock with a cash payment for any fractional shares.

Investment of Funds

Participants can make initial investment elections, reallocate the investment of their current accounts, or change the way their future contributions will be invested, with the exception of company stock, which is closed. If the request is made before the close of market on a day in which the stock market is open, the changes will be effective that same business day at the closing prices of that day. If the request is received after the close of market or on a day the stock market is closed, then the changes will be effective at the closing prices on the next business day when the market is open.

Note 1 - Description of Plans (Continued)

Notes Receivable from Participants (Loans)

Participants may borrow against their 401(k) Accounts and Rollover Account balance. The maximum amount of a participant's loan may not exceed (1) 50% of the combined total of their 401(k) Accounts, Rollover Accounts, certain other accounts, and the vested portion of their Company Match Account and their RIA Account (if any), (2) $50,000 less the highest outstanding loan balance during the last 12 months or (3) the sum of the participant's 401(k) Accounts and Rollover Accounts invested in the Plans' investment funds (excluding 3M stock and the Schwab Personal Choice Retirement Account® (PCRA)) minus $1,000 if the participant has a balance in the self-directed brokerage account PCRA. Loan repayment terms generally range from 1 to 60 months. Certain loans acquired through plan mergers have loan terms up to 30 years. The loan interest rate is fixed at time of origination at the prime rate (as quoted in *The Wall Street Journal*) plus 2%. 3M and a third-party recordkeeper administer loans to participants and loan repayments. Loans are repaid to the 401(k) Accounts and Rollover Accounts and are invested pro rata according to how the borrowers have currently invested their new 401(k) contributions. Principal and interest are repaid ratably through payroll deductions.

Transfers

Due to 3M acquisition or divestiture activity and employee status changes, assets may transfer into or out of the Plans. These transfers, if any, are shown as "net transfers in/(out)" on the statements of changes in net assets available for benefits. The fair market value of assets transferred to the VIP Plan from the Savings Plan during the year ended December 31, 2025 totaled $569,269.

Tax Status

The Plans each constitute a qualified plan under the requirements of Sections 401(a) and 401(k) of the Internal Revenue Code (IRC) and are, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plans obtained their latest determination letters on January 24, 2018 in which the IRS stated that the Plans, as designed, were in compliance with the applicable requirements of the IRC. The Plans have been amended since receiving the determination letters. However, the Plans' administrator believes that the Plans are currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plans and recognize a tax liability (or asset) if the Plans have taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management evaluated the Plans' tax positions and did not identify uncertain tax positions. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Plan Termination

While 3M has not expressed any intent to discontinue either of the Plans, it may do so at any time, subject to the provisions of ERISA. In the event such discontinuance results in the termination of either of the Plans, all accounts shall be fully vested and nonforfeitable. The affected plan shall continue until all assets have been distributed to the participants.

Plan Expenses

Certain internal administrative costs, plan investment costs, and plan accounting are paid by the Plans. 3M pays all other internal administrative costs of the Plans. External administrative costs, including trustee fees, record-keeping fees, customer service fees, and investment management expenses, are proportionately charged directly to the Plans' various investment funds and accounts.

Note 1 - Description of Plans (Continued)

Trustee

The Bank of New York Mellon/BNY Mellon N.A. (the "Trustee") is the trustee of the Plans.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Valuation of Assets and Income Recognition

Investments held by the Plans are stated at fair value. Fair value is defined as 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 further discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. In accordance with IRS rules, participant note receivable defaults by participants who are not eligible to receive actual distributions from the Plans, such as participants who are active employees, are treated as deemed distributions under the Plans and are recorded with benefits paid directly to participants or beneficiaries on the statements of changes in net assets available for benefits.

Concentration of Market Risk

At December 31, 2025 and 2024, VIP’s net assets available for benefits were invested (as part of the 3M Voluntary Investment Plan and Savings Plan Trust (the "Master Trust")) in the common stock of 3M Company and accounted for approximately 8% of total investments at fair value. At December 31, 2025 and 2024, the Savings Plan’s net assets available for benefits were invested (as part of the Master Trust) in the common stock of 3M Company and accounted for approximately 10% of total investments at fair value.

The value of the 3M Company common stock is dependent on the performance of 3M Company and the market's evaluation of such performance. It is a least reasonably possible that changes in the fair value of 3M Company common stock in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Benefit Payments

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

The Plans and Master Trust invest in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 9, 2026, which is the date the financial statements were available to be issued.

Note 3 - Certification of Investments

The Plans' 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 certain investments, including investment information included in Note 5, and related earnings (loss) included in the accompanying financial statements and related notes and supplemental schedules are complete and accurate. Self-directed brokerage investments and related earnings (loss) have not been certified.

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Master Trust and the Plans have the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Master Trust's and Plans' assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The asset'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.

Note 4 - Fair Value Measurements (Continued)

The following is a description of the valuation methodologies used for assets held by the Plans (including those held through the Master Trust) and measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

3M and Solventum Common Stock

3M and Solventum common stock are valued at the closing price reported on the active markets on which 3M and Solventum stock are traded.

Common/Collective Trusts

Common/collective trusts with a readily determinable fair value are valued at NAV, which is based on the fair value of the funds' underlying net assets and are classified as Level 2 in the accompanying fair value hierarchy. Common/collective trusts without a readily determinable fair value, because there is no published NAV available, are valued at NAV as a practical expedient, and are not classified within the valuation hierarchy. These investments file as Direct Filing Entities (DFEs) with the DOL, except for the State Street Bank and Trust Investment Fund in the amount of approximately $416,000,000 and $410,000,000 as of December 31, 2025 and 2024, respectively. This fund invests in an actively managed common/collective trust that primarily invests in liquid money market funds. The common/collective trusts have daily redemption frequencies and daily redemption notice periods as of December 31, 2025 and 2024. There are no unfunded commitments as of December 31, 2025 and 2024.

Corporate Obligations

Corporate obligations are bonds and notes that are valued based on the yields currently available on comparable securities of issuers with similar credit ratings or valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

The following tables set forth by level, within the fair value hierarchy, VIP’s assets, excluding VIP's interest in the Master Trust, at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value at December 31, 2025			
	Level 1	Level 2	Level 3	Investments (at Fair Value)
Investments at fair value:				
Common/collective trust	$ -	$ 18,059,105	$ -	$ 18,059,105
Self-directed brokerage investments	714,917,678	6,112,705	-	721,030,383
Total assets, excluding VIP's interest in Master Trust, at fair value	$ 714,917,678	$ 24,171,810	$ -	$ 739,089,488

Note 4 - Fair Value Measurements (Continued)

	Assets at Fair Value at December 31, 2024			
	Level 1	Level 2	Level 3	Investments (at Fair Value)
Investments at fair value:				
Common/collective trust	$ -	$ 3,345,758	$ -	$ 3,345,758
Self-directed brokerage investments	627,587,615	1,176,485	-	628,764,100
Total assets, excluding VIP's interest in Master Trust, at fair value	$ 627,587,615	$ 4,522,243	$ -	$ 632,109,858

The following tables set forth by level, within the fair value hierarchy, Savings Plan's assets, excluding Savings Plan's interest in the Master Trust, at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value at December 31, 2025			
	Level 1	Level 2	Level 3	Investments (at Fair Value)
Investments at fair value:				
Common/collective trust	$ -	$ 101,884	$ -	$ 101,884
Self-directed brokerage investments	10,025,807	-	-	10,025,807
Total assets, excluding Savings Plan's interest in Master Trust at fair value	$ 10,025,807	$ 101,884	$ -	$ 10,127,691

	Assets at Fair Value at December 31, 2024			
	Level 1	Level 2	Level 3	Investments (at Fair Value)
Investments at fair value:				
Common/collective trust	$ -	$ 107,329	$ -	$ 107,329
Self-directed brokerage investments	9,577,739	-	-	9,577,739
Total assets, excluding Savings Plan's interest in Master Trust at fair value	$ 9,577,739	$ 107,329	$ -	$ 9,685,068

Note 4 - Fair Value Measurements (Continued)

The fair value of the Master Trust's assets as of December 31, 2025 and 2024 are as follows:

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2025			
	Level 1	Level 2	Level 3	Master Trust Balance
3M common stock	$ 925,860,862	$ -	$ -	$ 925,860,862
Corporate obligations	-	42,500	-	42,500
Total	$ 925,860,862	$ 42,500	$ -	925,903,362
Investments measured at NAV - Common/collective trusts				10,105,510,860
Total assets - Investments at fair value				$ 11,031,414,222

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2024			
	Level 1	Level 2	Level 3	Master Trust Balance
3M common stock	$ 847,508,252	$ -	$ -	$ 847,508,252
Solventum common stock	102,626,200	-	-	102,626,200
Total	$ 950,134,452	$ -	$ -	950,134,452
Investments measured at NAV - Common/collective trusts				9,166,213,865
Total assets - Investments at fair value				$ 10,116,348,317

Note 5 - Interest in Master Trust

To provide equivalent investment returns to both non-union and union employees, a portion of the Plans' investments are held in a single Master Trust. The investments of the Master Trust include participant-directed funds of the Plans and the non-participant-directed 3M-provided Company Contribution Account assets of the Plans.

Each plan has an interest in specific assets in the Master Trust based on participant investment elections. The assets of the Master Trust are held by a third-party trustee. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon each plan's relative interest in the assets held in the Master Trust at the close of each day.

Note 5 - Interest in Master Trust (Continued)

The net assets of the Master Trust and each of the Plans' interests in Master Trust balances at December 31, 2025 and 2024 are as follows:

	December 31, 2025		
		Plan's Interest in Master Trust Balances	
	Master Trust Balances	VIP	Savings Plan
Investments:			
3M common stock	$ 925,860,862	$ 894,515,023	$ 31,345,839
Common/collective trusts	10,105,510,860	9,840,432,754	265,078,106
Corporate obligations	42,500	41,194	1,306
Total Master Trust investments	11,031,414,222	10,734,988,971	296,425,251
Receivables - Accrued interest	1,416,895	1,378,799	38,096
Payables - Other liabilities	(1,290,191)	(855,163)	(435,028)
Total Master Trust net assets	$ 11,031,540,926	$ 10,735,512,607	$ 296,028,319

	December 31, 2024		
		Plan's Interest in Master Trust Balances	
	Master Trust Balances	VIP	Savings Plan
Investments:			
3M Common stock	$ 847,508,252	$ 819,474,562	$ 28,033,690
Solventum common stock	102,626,200	99,257,724	3,368,476
Common/collective trusts	9,166,213,865	8,930,338,233	235,875,632
Total Master Trust investments	10,116,348,317	9,849,070,519	267,277,798
Receivables:			
Due from brokers for securities sold	1,991	1,930	61
Accrued interest	1,789,888	1,742,566	47,322
Payables - Other liabilities	(1,141,219)	(1,120,637)	(20,582)
Total Master Trust net assets	$ 10,116,998,977	$ 9,849,694,378	$ 267,304,599

Other than through the investment of participant and Company contributions, 3M does not buy or sell any of its own stock as a direct investment for the Plans. However, due to external investment management of the funds, the Plans may indirectly buy, sell, or hold 3M common stock. The aggregate amount of the shares would not be considered material relative to the aggregate fund percentages.

The Master Trust's investment income for the year ended December 31, 2025 is as follows:

Net realized and unrealized gains and losses on investments	$ 1,690,543,180
Dividends	17,876,875
Total investment income	1,708,420,055
Less investment fees	2,332,141
Net investment income	$ 1,706,087,914

Note 6 - Related Parties

The following related party transactions are in addition to transactions with 3M discussed elsewhere in the notes to the financial statements. BNY Mellon, N.A. is authorized, under contract provisions and by ERISA regulations, which provide administrative and statutory exemptions, to invest in funds under its control and in securities of 3M. For the year ended December 31, 2025, such purchases and sales within the Master Trust were as follows:

	Purchases	Sales
3M common stock	$ 16,300,000	$ (106,400,000)

Schedule of Assets Held at End of Year - 3M Voluntary Investment Plan and Employee Stock Ownership Plan

Form 5500, Schedule H, Line 4i
EIN 41-0417775, Plan No. 333
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
**The Bank of New York/Mellon	Common/collective trust - Collective Trust Government Short Term Investment	*	$ 18,059,105
Various	Self-directed brokerage investments	*	721,030,383
**Participants	Participant notes receivable, bearing interest at rates ranging from 4.50 to 11.00 percent	-	96,787,228
	Total		**$ 835,876,716**

*Cost information not required
**Represents a party-in-interest

3M Voluntary Investment Plan and Employee Stock Ownership Plan and 3M Savings Plan

Schedule of Assets Held at End of Year - 3M Savings Plan

Form 5500, Schedule H, Line 4i
EIN 41-0417775, Plan No. 013
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
**The Bank of New York/Mellon	Common/collective trust - Collective Trust Government Short Term Investment	*	$ 101,884
Various	Self-directed brokerage investments	*	10,025,807
**Participants	Participant notes receivable, bearing interest at rates ranging from 5.25 to 11.51 percent	-	9,149,990
	Total		**$ 19,277,681**

*Cost information not required
**Represents a party-in-interest

3M SAVINGS PL
3M CENTER BLDG 224-5521
SAINT PAUL, MN 55144

3M SAVINGS PL
Annual Fee Disclosure

March 27, 2026

3M SAVINGS PL
3M CENTER BLDG 224-5521
SAINT PAUL, MN 55144

Dear Client,

Department of Labor regulations require that retirement plan service providers report the compensation they have earned from each retirement plan to the plan administrator on an annual basis for use by the plan administrator to complete IRS Form 5500, Schedule C.

Enclosed please find the report of compensation earned by Charles Schwab and its affiliates, for 3M SAVINGS PL for services provided during the period of January 1, 2025 - December 31, 2025.

Because retirement plans with fewer than 100 participants generally are not required to file Schedule C, please refer to the IRS instructions for Form 5500 to determine if it's necessary for you to report the information we've provided on your plan's annual return.

If you have any questions regarding the information on the enclosed report or about using this information to prepare Form 5500 for the plan, please contact the plan's third party administrator or recordkeeper.

Sincerely,
Charles Schwab & Co., Inc.

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3M SAVINGS PL
Information for Form 5500, Schedule C
For January 1, 2025 - December 31, 2025

This information summarizes the compensation paid for your plan to Charles Schwab & Co. Inc., and its affiliates (Schwab), or to other service providers, for services related to the plan. Information provided is for the period shown above or for the portion of the plan year that Schwab provided services for your plan. Amounts paid from the plan may be reportable on the plan's annual Form 5500, Schedule C, if applicable. Please refer to the instructions for Form 5500, Schedule C to determine if your plan is required to file the form and for more details of what should be reported.

Direct Payments From The Plan to Schwab:

Account Type	Paid To	EIN	Description	Amount
Participant Brokerage	Charles Schwab & Co., Inc.	94-1737782	Brokerage Fees	$337.33
Total Direct Payments From the Plan to Schwab				$337.33

Several Schwab entities may work together to provide services to your plan and may share the proceeds of fees collected with Charles Schwab & Co, Inc., Charles Schwab Bank, Charles Schwab Trust Bank, Schwab Retirement Plan Services, Inc. or Charles Schwab Investment Management Inc. as needed to support the cost of services provided by these affiliates.

The above fees include brokerage or other investment related fees charged to accounts in the plan for services provided by Charles Schwab and its affiliates when those trading arrangements and/or services are requested by parties with trading authority. This could include authorization from plan participants if your plan offers a participant self -directed brokerage option. More detailed fee information is provided when each account is opened or as the particular trading arrangements and/or services are requested. For more information regarding these fees, please contact a Schwab representative for more information and a current copy of the Schwab Pricing Guide and account application(s).

If you have retained additional service providers for this plan that are not listed in this report or other fees that were paid from the plan and not specifically disclosed separately from other plan transactions, you may want to contact such other service providers for more information.

Indirect Compensation Received by Schwab:
Indirect compensation is any compensation received for services related to the plan that is not paid directly by the plan or plan sponsor. Schwab receives the following indirect compensation from your plan:

Shareholder Related Servicing: Charles Schwab & Co., Inc. may receive compensation from fund companies for investments in the plan (including Schwab proprietary and other funds). This compensation may be paid by the fund company or one of its affiliates. Disclosure of this compensation was previously provided by CS & Co, Inc. and its affiliates who provide services for your plan. For more details please refer to your Schwab account agreement and Appendix 1 - Shareholder Servicing Payment Rates.

Non-Monetary Compensation: Schwab's Gift's and Entertainment Policy provides that gifts to or from a customer, financial institution, news or financial media (other than a close relative) may not exceed a total value of $100 in any calendar year without prior approval. If you need additional information, please contact your Schwab service representative.

Eligible Indirect Compensation Received by Schwab:
In general, certain types of indirect compensation that have previously been disclosed may be categorized as eligible indirect compensation. While all amounts paid from the plan should be considered when determining which service providers to report, IRS Form 5500 instructions state that there is no need to report the amount or formula for eligible indirect compensation on Form 5500, Schedule C. The below information lists the types of eligible indirect compensation Schwab may earn for your plan and where to find the written disclosures used to determine Schwab's compensation.

Fund Management: Charles Schwab Investment Management Inc. earns compensation for advisory and certain administrative services performed for the Schwab proprietary funds (Schwab or Laudus funds). Disclosure of this compensation is provided in a fund prospectus, available from Charles Schwab & Co, Inc. (EIN 94-1737782) or its affiliates.

Cash Float: Charles Schwab & Co. Inc. and its affiliates may receive compensation on uninvested cash or cash in transit at the end of each business day. For more details, please refer to the current Schwab Explanation of Fees and Services for 408(b)(2) brokerage account agreements applicable to your plan.

Indirect Compensation Paid to Others:
In general, fund companies that your plan invests in receive only Eligible Indirect Compensation from the plan. Details of the amounts or rates received are disclosed in the fund prospectuses provided by Charles Schwab & Co., Inc. (EIN 94-1737782) or its affiliates and agents.

Additional Disclosures:
Schwab may receive certain amounts from various fund companies to offset the costs associated with educational programs such as client conferences, internal seminars, articles and publications. These sponsorships are unrelated to the contractual services provided by Schwab with respect to the plan.

Charles Schwab Investment Management, Inc., is an affiliate of Charles Schwab & Co. Inc.

3M SAVINGS PL
Information for Form 5500, Schedule C
For January 1, 2025 - December 31, 2025

The Charles Schwab Corporation provides services to retirement and other benefit plans and participants through its separate but affiliated companies and subsidiaries: Charles Schwab Bank; Charles Schwab Trust Bank, Charles Schwab &Co., Inc. (member SIPC, www.sipc.org), Schwab Retirement Plan Services, Inc. Trust, custody and deposit products and services are available through Charles Schwab Bank and/or Charles Schwab Trust Bank (collectively, the "Bank"). Schwab Retirement Plan Services, Inc. provide recordkeeping and related services with respect to retirement plans.

If you need additional information, please contact your third party administrator or recordkeeper.

3M SAVINGS PL
Information for Form 5500, Schedule C
For January 1, 2025 - December 31, 2025

Appendix 1 - Shareholder Servicing Payment Rates :

Charles Schwab & Co., Inc. and its affiliates ("Schwab") may receive indirect compensation from fund companies or their affiliates for shareholder related services. The rate received by Schwab may change from time to time as changes are made by fund companies. Outlined below is an illustration of rates received by Schwab as of the end of the reporting period for funds held in your plan at that time.

On average, the rate earned with respect to your plan's fund holding(s) in plan brokerage account(s) in the fund family(ies) listed is 0.32%, as further detailed below:

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	**EIN**	**Formula**
Advisors Capital	Not Available	Rate of 0.25% of average daily balance of asset(s)
Baron Capital Group, Inc.	Not Available	Range of 0.09 - 0.38% of average daily balance of assets
Columbia Threadneedle	Not Available	Rate of 0.40% of average daily balance of asset(s)
FPA	04-3118452	Rate of 0.06% of average daily balance of asset(s)
Franklin Templeton Investments	94-3167260	Rate of 0.40% of average daily balance of asset(s)
Harbor	04-2679462	Range of 0.08 - 0.35% of average daily balance of assets
Neuberger Berman	13-3216325	Rate of 0.29% of average daily balance of asset(s)
Permanent Portfolio Family of Funds	94-2788165	Rate of 0.40% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.25% of average daily balance of asset(s)
T ROWE-PRICE	Not Available	Range of 0.17 - 0.44% of average daily balance of assets
The Pacific Financial Group	Not Available	Rate of 0.27% of average daily balance of asset(s)
Zevenbergen Capital Investments	Not Available	Rate of 0.40% of average daily balance of asset(s)

Please note, the EIN for Fund Family/Provider was provided by Morningstar and is based on how the fund is marketed on the fund website or in other sales literature. Morningstar evaluates the legal entity options that are available and assigns the Provider Company EIN reflected in the above table(s). The EIN should be representative of the fund company or its affiliates, one or more of which may pay Schwab for shareholder related services.

If you need additional information, please contact your third party administrator or recordkeeper.

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3M Voluntary Investment Plan and Employee Stock Ownership Plan and 3M Savings Plan

Schedule of Assets Held at End of Year - 3M Savings Plan

Form 5500, Schedule H, Line 4i
EIN 41-0417775, Plan No. 013
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
**The Bank of New York/Mellon	Common/collective trust - Collective Trust Government Short Term Investment	*	$ 101,884
Various	Self-directed brokerage investments	*	10,025,807
**Participants	Participant notes receivable, bearing interest at rates ranging from 5.25 to 11.51 percent	-	9,149,990
	Total		**$ 19,277,681**

*Cost information not required
**Represents a party-in-interest