Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
3M RETIREE WELFARE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 522

1c Effective date of plan 01/01/1971

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.	10/14/2026	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**	32770
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)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	34318
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	34318
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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:

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

4A 4B 4D 4U

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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 RETIREE WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 522

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

D Employer Identification Number (EIN)
41-0417775

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SECURIAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-1412669	93742	70026	18987	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	116647

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

AMERICAN BENEFITS CONSULTING LLC
101 PARK AVENUE
14TH FLOOR
NEW YORK, NY 10178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	116647	SUPPLEMENTAL COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	5176467
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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 RETIREE WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 522

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

TPG PARTNERS IV, L.P.

20-0347894

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	195777	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	48085	Yes [X] No [ ]	Yes [ ] No [X]	518	Yes [ ] No [X]

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

BANK OF NEW YORK MELLON

13-5160382

(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?
18 50	NONE	23762	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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)

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(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	11766	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	6663	Yes [ ] No [X]	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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 RETIREE WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 522

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	167451	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	12723191	8345630
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	340975	0
(2) U.S. Government securities	1c(2)	24207439	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	24444069	0
(B) All other	1c(3)(B)	15789610	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	2528	0
(B) Common	1c(4)(B)	3715	3715
(5) Partnership/joint venture interests	1c(5)	896603	908505
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3019282	66116906
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	81594863	75374756
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	87060	38290
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	5058893	1561970
1k Total liabilities (add all amounts in lines 1g through1j)	1k	5145953	1600260
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	76448910	73774496

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)	5163901	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5163901
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3153	
(B) U.S. Government securities	2b(1)(B)	40407	
(C) Corporate debt instruments	2b(1)(C)	133336	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1752	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		178648
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2797167	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2797167
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	65798779	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	65796814	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1965
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	11902	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		11902

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2495939
c Other income	2c		1537
d Total income. Add all **income** amounts in column (b) and enter total	2d		10651059
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12523641	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12523641
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	48085	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	195777	
(4) IQPA audit fees	2i(4)	4468	
(5) Investment advisory and investment management fees	2i(5)	15766	
(6) Bank or trust company trustee/custodial fees	2i(6)	23762	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2807	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	511167	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		801832
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13325473
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2674414
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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		908505
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

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

3M Retiree Welfare Benefit 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 Retiree Welfare Benefit Plan

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
3M Retiree Welfare Benefit Plan
St. Paul, Minnesota

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of 3M Retiree Welfare Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and benefit obligations 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 3M Retiree Welfare Benefit Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions 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 4 to the financial statements, are complete and accurate.

Opinion

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

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

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

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) 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 3M Retiree Welfare Benefit Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 3M Retiree Welfare Benefit Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about 3M Retiree Welfare Benefit Plan's abilities to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

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

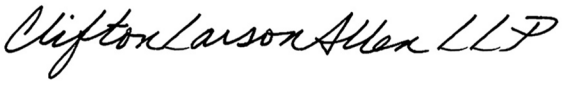
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations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

Plan Administrator
3M Retiree Welfare Benefit Plan

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 7, 2026

3M Retiree Welfare Benefit Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value:		
Short-term investment funds	$ -	$ 340,975
Registered investment companies	66,116,906	3,019,282
Common and preferred stocks	3,715	6,243
U.S. government securities	-	24,207,439
Corporate debt instruments	-	40,233,679
Partnerships/joint ventures	908,505	896,603
Other investments	-	1,030,320
Total investments, at fair value	67,029,126	69,734,541
Net assets held in 401(h) account in 3M Employee Retirement Income Plan	659,509,188	678,530,088
Due from brokers for securities sold	32	398,811
Accrued interest and dividends	3,145	603,144
Cash	-	167,451
Income taxes receivable	8,342,453	10,653,547
Total assets	734,883,944	760,087,582
Liabilities		
Due to brokers for securities purchased	-	1,302,629
Accrued expenses	38,290	87,060
Obligation for collateral received for securities loaned	-	340,975
Unrelated business income taxes:		
Current	-	1,805,924
Deferred	1,561,970	1,571,996
Total liabilities	1,600,260	5,108,584
Net Assets Available for Benefits	**$ 733,283,684**	**$ 754,978,998**

See notes to financial statements.

3M Retiree Welfare Benefit Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

Additions		
Contributions	$	5,163,901
Investment income (loss):		
Interest and dividends		3,043,170
Net realized and unrealized gains on investments		2,444,125
Investment expenses		(12,559)
Total investment income - Net		5,474,736
Total additions		10,638,637
Deductions		
Benefits paid directly to participants or beneficiaries and premiums paid		12,523,641
Administrative expenses		294,266
Net decrease in 401(h) account		19,020,900
Unrelated business income tax expense		495,144
Total deductions		32,333,951
Net Decrease		(21,695,314)
Net Assets Available for Benefits		
Beginning of year		754,978,998
End of year		**$ 733,283,684**

See notes to financial statements.

3M Retiree Welfare Benefit Plan

Statements of Benefit Obligations

December 31, 2025 and 2024

	2025	2024
Postretirement Benefit Obligations		
Retired participants	$ 1,080,540,389	$ 1,209,916,038
Other participants fully eligible for benefits	16,288,126	15,491,750
Other participants not fully eligible for benefits	188,086,442	218,653,802
Total Plan Benefit Obligations	**$ 1,284,914,957**	**$ 1,444,061,590**

See notes to financial statements.

3M Retiree Welfare Benefit Plan

Statement of Changes in Benefit Obligations

Year Ended December 31, 2025

Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents	
Balance - Beginning of year	$ -
Claims and premiums reported and approved for payment	12,523,641
Claims and premiums paid	(12,523,641)
Balance - End of year	-
Postretirement Benefit Obligation	
Balance - Beginning of year	1,444,061,590
Increase (decrease) during the year attributable to:	
Benefits earned	14,086,779
Benefits reclassified to amounts currently payable	(12,523,641)
Benefits and claims paid through 401(h)	(94,658,854)
Interest due to the decrease in the discount period	68,382,420
Plan experience	(17,358,665)
Change in actuarial assumptions	29,963,507
3M contributions/benefit payments for non-pension eligible retirees	(3,122,956)
Plan amendment	(143,915,223)
Net decrease	(159,146,633)
Balance - End of year	1,284,914,957
Total Plan Benefit Obligations at End of Year	**$ 1,284,914,957**

See notes to financial statements.

Note 1 - Plan Description

Description of Trusts

The 3M Retiree Welfare Benefit Plan (the "Plan") contains two trusts: 3M Employees Welfare Benefits Association Trust I (Trust I) and 3M Employees Welfare Benefits Association Trust III (Trust III) (collectively, the "Trusts"). Trust I has separate subtrusts for union and union-free participants.

The following description of the Plan, which includes Trust I and Trust III, provides only general information. Participants should refer to the plan documents, as amended, for a more complete description of the provisions of the Plan.

The Plan's Trust I union-free related assets are subject to unrelated business income taxes on realized gains and losses and, therefore, has a different investment strategy than the other 3M-sponsored benefit plans that are not subject to such taxes.

General and Benefits

The Plan covers substantially all United States regular full-time, part-time, and retired employees of 3M Company and its subsidiaries (3M or the "Company") who were hired before January 1, 2016 (3M Retiree Health Reimbursement Accounts (HRA Account)) and employees who retired on or before August 1, 2019 (life insurance). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

For employees hired before January 1, 2016, the Company provides Retiree Medical Savings Account ("RMSA") credits, which accrue for each year of employment. Upon retirement, the RMSA credits are transferred to a Health Reimbursement Account (Medicare or Non-Medicare, depending on eligibility). The HRA Account can be used to help pay for qualified medical and dental premiums and expenses.

In May 2019, 3M modified the Plan for postretirement life insurance benefits to close it to new participants effective August 1, 2019 (which results in employees who retire on or after August 1, 2019 not being eligible to participate in the Plan) and reducing the maximum life insurance and death benefit to $8,000 for deaths on or after August 1, 2019.

On September 30, 2025, 3M amended the Plan, effective January 1, 2026, to adjust the Retiree Medical Savings Account (RMSA) and Medical Health Reimbursement Arrangement (HRA) credits that are provided to participants. The amount of the annual allocation of the RMSA and HRA credits, beginning with and including the annual allocation for 2026, will not increase, grow, or be adjusted by a notional rate. As a result of the plan remeasurement, the net benefit obligation for the Plan was reduced by approximately $144 million.

Contributions

Contributions to Trust I are determined using the aggregate actuarial cost method, while contributions to Trust III are determined using the projected unit credit actuarial cost method.

3M contributes, to the separate Trusts maintained by the Plan, amounts required to provide the Plan with assets sufficient to fund the retiree medical, dental, and life insurance benefit obligations. The yield on investments serves to reduce 3M's future contributions for retired participants that would otherwise be required to fund the Plan's benefits. During the year ended December 31, 2025, the Company paid $5,163,901 for retiree life insurance premiums.

No participant contributions were made to Trust III. Beginning in 2013, retirees who are Medicare eligible no longer contribute to the Plan. Periodically, the Company requires contributions by Non-Medicare retirees for additional coverage not paid by 3M. During the year ended December 31, 2025, there were no such amounts required.

Note 1 - Plan Description (Continued)

401(h) Account

The 3M Employee Retirement Income Plan includes a medical benefit component, in addition to normal retirement benefits, to fund a portion of the Plan's postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). A separate account has been established and maintained in the 3M Employee Retirement Income Plan for such net assets. In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The obligations for health benefits are not a component of the 3M Employee Retirement Income Plan's accumulated plan benefits but are reported as obligations in the financial statements of the Plan. Any obligation of the 3M Employee Retirement Income Plan is limited to the amount in the 401(h) account. Qualified transfers to the 401(h) account are determined annually and are of the discretion of 3M.

Tax Status

The component of Trust I covering participants not subject to collective bargaining agreements constitutes a qualified Voluntary Employee Benefit Association under Section 501(c)(9) of the IRC and is, therefore, considered to be exempt from federal income taxes under provisions of Section 501(a), except for any unrelated business income. Such unrelated business income essentially consists of investment income and is subject to unrelated business income taxes based upon the character of the income taxed (capital versus ordinary).

The component of Trust I covering participants subject to collective bargaining agreements, and Trust III, constitute a qualified Voluntary Employee Benefit Association under Section 501(c)(9) of the IRC and are, therefore, considered to be exempt from federal income taxes under provisions of Section 501(a). Trust I and Trust III obtained their latest determination letters on June 22, 1977 and November 22, 1993, respectively, in which the Internal Revenue Service (IRS) stated that Trust I and Trust III, as then designed, were in compliance with the applicable requirements of the IRC. Trust I and Trust III have been amended since receiving determination letters. However, the administrator of Trust I and Trust III believes that the Plan and Trusts 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 Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions of the Plan and has concluded that, as of December 31, 2025 and 2024, there are no uncertain position taken or expected to be taken that would require recognition of a liability and disclosure in the financial statements.

Trustee

The Bank of New York Mellon/BNY Mellon N.A. (the "Trustee") is the trustee of both Trust I and Trust III.

Plan Termination

While 3M has not expressed any intent to discontinue the Plan, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA. In the event such discontinuance results in the termination of the Plan, the net assets of the Plan would be used to provide for benefits to the participants in the Plan.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments held by the Plan 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 5 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.

Benefit Payments

Benefits are recorded when paid.

Benefit Obligation

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Company and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to estimate future annual benefit costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following were significant assumptions used in the valuation as of December 31, 2025 and 2024:

Discount rate - Retiree life	5.36% as of December 31, 2025 and 5.63% at December 31, 2024
Discount rate - Retiree medical/dental	5.20% as of December 31, 2025 and 5.57% at December 31, 2024
Mortality basis - Participants	Amounts-weighted rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021

The $29,963,507 increase in the benefit obligation related to the change in actuarial assumptions was primarily a result of the change in discount rates.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Funded Status

The Plan’s deficiency of benefit obligations over net assets at December 31, 2025 relates to the postretirement benefit obligation. It is expected that the deficiency will be funded by the Company as the benefits become due, and by investment income.

Note 2 - Summary of Significant Accounting Policies (Continued)

Administrative Costs

3M pays certain internal administrative costs of the Plan. External administrative costs, including trustee and disbursement fees, recordkeeping and customer service fees, and investment management expenses, are paid by the Plan.

Income Taxes

Investment income from the component of Trust I related to participants not subject to collective bargaining agreements, as defined by the IRC, is subject to unrelated business income taxes (UBIT). The current UBIT liability at December 31, 2025 in the Plan's statements of net assets available for benefits results from tax payments amounting to less than the actual amount of tax liability as of this date. The current UBIT asset at December 31, 2024 in the Plan's statements of net assets available for benefits results from tax payments amounting to more than the actual amount of tax liability as of this date. The future tax consequence attributed to unrealized investment income (or losses) is reflected as a net deferred UBIT tax liability or a net deferred UBIT tax asset in the Plan's statements of net assets available for benefits, as the net taxes are not payable or receivable until the investment income or loss is realized. The component of Trust I subject to collective bargaining agreements and Trust III are not subject to UBIT.

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, liabilities and benefit obligations and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions, deductions and changes in benefit obligations during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, and participant demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 7, 2026, which is the date the financial statements were available to be issued.

Note 3 - 401(h) Account

A portion of the Plan's obligations is funded through contributions to the 3M Employee Retirement Income Plan in accordance with IRC Section 401(h). The following table presents the components of the net assets available for such obligations as of December 31, 2025 and 2024:

	2025	2024
Investments at fair value:		
Short-term investments funds	$ 2,416,479	$ 2,432,762
U.S. government securities	161,733,551	149,627,228
Corporate debt instruments, preferred	91,027,319	87,664,375
Corporate debt instruments, all other	98,959,691	117,011,169
Common stocks	130,492,352	118,517,593
Preferred stocks	1,396,308	1,947,351
Partnerships/joint ventures	169,939,698	186,169,533
Common/collective trusts	28,296,672	24,954,034
Registered investment companies	16,526,539	94,869
Other investments	(35,629,527)	9,954,330
Receivables:		
Investments sold	4,189,052	12,577,258
Foreign exchange contracts	4,358,775	2,612,487
Accrued interest and dividends	4,404,521	4,654,840
Cash	1,172,257	3,087,555
Liabilities:		
Accounts payable, investments purchased	(13,236,525)	(37,865,890)
Foreign exchange contracts	(6,141,438)	(4,332,877)
Accounts payable and accrued expenses	(396,536)	(576,529)
Net assets in 401(h) account	$ 659,509,188	$ 678,530,088

The following table presents the significant components of the net decrease in net assets in the 401(h) account for the year ended December 31, 2025:

Changes in net assets in 401(h) account:	
Investment gain - Net	$ 76,038,278
Administrative expenses - Net	(400,324)
Benefit payments/Claims payments	(94,658,854)
Net decrease in net assets in 401(h) account	$ (19,020,900)

Note 4 - Certification of Investments

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that substantially all investments, including investment information included in Note 5, and related income (loss) included in the accompanying financial statements are complete and accurate.

Note 5 - 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 Plan has the ability to access.

Note 5 - Fair Value Measurements (Continued)

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 Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following valuation methodologies have been used to value the Plan's investments:

Short-term Investment Funds

Short-term investment funds are valued at their outstanding balances, which approximates fair value due to the short-term maturity of these investments.

Registered Investment Companies and Common and Preferred Stocks

Registered investment companies and common and preferred stocks are valued at quoted prices reported in active markets.

U.S. Government Securities

U.S. government securities are either valued at the closing price reported in the active market in which the individual security is traded or valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Corporate Debt Instruments

The corporate debt instruments are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures.

Partnerships/Joint Ventures

Partnerships/joint ventures are valued using NAV as a practical expedient, based on audited financial statements of the funds, where available, with adjustments to account for partnership activity and other applicable valuation adjustments.

Other Investments

Other investments consist of futures contracts, written and purchased options and international government bonds. The futures contracts, written options, and purchased options are valued using the last sale price or bid price. The international government bonds are valued at either the closing price reported on the active market on which the individual securities are traded or valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Note 5 - Fair Value Measurements (Continued)

The following table presents information about the Plan's investments measured at fair value on a recurring basis at December 31, 2025:

	December 31, 2025			
	Level 1	Level 2	Level 3	Investments (at Fair Value)
Registered investment companies	$ 66,116,906	$ -	$ -	$ 66,116,906
Common stock	3,715	-	-	3,715
Total investments at fair value	$ 66,120,621	$ -	$ -	66,120,621
Investments measured at NAV - Partnerships/joint ventures				908,505
Total investments				$ 67,029,126

The following table presents information about the Plan's investments measured at fair value on a recurring basis at December 31, 2024:

	December 31, 2024			
	Level 1	Level 2	Level 3	Investments (at Fair Value)
Short-term investment funds	$ -	$ 340,975	$ -	$ 340,975
Registered investment companies	3,019,282	-	-	3,019,282
Common and preferred stocks	3,715	2,528	-	6,243
U.S. government securities	16,261,307	7,946,132	-	24,207,439
Corporate debt instruments	-	40,233,679	-	40,233,679
Other investments:				
Futures contracts and options	112,408	-	-	112,408
International government bonds	-	917,912	-	917,912
Total investments at fair value	$ 19,396,712	$ 49,441,226	$ -	68,837,938
Investments measured at NAV - Partnerships/joint ventures				896,603
Total investments				$ 69,734,541

Investments in Entities that Calculate Net Asset Value per Share

The Plan holds shares or interests in investment companies at year end where the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company as a practical expedient.

The Plan held partnerships/joint venture investments with a fair value of $908,505 and $896,603 at December 31, 2025 and 2024, respectively. Unfunded commitments on these investments were $1,521,909 at December 31, 2025 and 2024. The partnerships/joint venture investments consist of investments in buyouts, distressed debt, and venture capital. These investments cannot be redeemed from the general partner. Instead, the Plan receives distributions through liquidation of the underlying assets. The average remaining contract term for these investment is approximately one year.

Note 6 - Securities Lending

Certain investment managers of the Trusts participate in a securities lending program. The transfers of assets under the securities lending program are collateralized with pledges of investments. At all times, the borrower must maintain cash or equivalent collateral equal in value to at least 102 percent of the value of the domestic securities loaned and 105 percent of the value of international securities loaned. Both the collateral and the securities loaned are marked-to-market on a daily basis, with additional collateral obtained or refunded as necessary. In accordance with accounting standards, the amount of cash collateral received under securities lending is reported as an asset and a corresponding payable is recorded on the statements of net assets available for benefits.

The fair market value of the securities loaned at December 31, 2025 and 2024 was as follows:

	2025	2024
U.S. government securities	$ -	$ 1,650,233
Corporate debt instruments	-	349,553
Total	$ -	$ 1,999,786

At December 31, 2025 and 2024, the Plan had noncash collateral of approximately $0 and $1,700,000, respectively. Cash collateral held at December 31, 2025 and 2024, if any, was invested in short-term investments, such as repurchase agreements. The Plan receives incremental returns from the collateral held in connection with these arrangements. Such returns are included as a component of total investment income.

Note 7 - Derivative Instruments

The Plan uses derivative instruments to hedge market risk, gain market exposure, and advance the overall objectives of the Plan and its investment strategies. Derivatives are utilized by external investment managers retained by the Plan and in protective overlay strategies designed to achieve investment objectives.

Management has elected to present derivatives on a gross basis when subject to a master netting arrangement. Any gains or losses recognized on derivatives are recognized in current year investment income. The following are the estimated fair values of derivative instruments at December 31, 2025 and 2024 shown at the gross amounts:

	2025		2024	
	Gross Assets	Gross Liabilities	Gross Assets	Gross Liabilities
Futures	$ -	$ -	$ 318,545	$ (218,887)
Purchased options	-	-	48,406	-
Written options	-	-	-	(35,656)
Total derivatives	$ -	$ -	$ 366,951	$ (254,543)

Derivatives are included in other investments on the statements of net assets available for benefits.

The notional amount represents the contract amount, not the amount at risk. The following table presents the notional amounts of derivative instruments at December 31:

	2025	2024
Futures	$ -	$ 49,400,000
Purchased options	-	10,900,000
Written options	-	16,000,000
Total	$ -	$ 76,300,000

Note 7 - Derivative Instruments (Continued)

For the year ended December 31, 2025, the amount of activity recognized as net investment income (loss) in the statement of changes in net assets available for benefits and attributable to derivative instruments is as follows:

Futures	$ 42,391
Options	(3,309)
Other	(1,924)
Total	$ 37,158

Note 8 - Related Parties

3M provides certain administrative services to the Plan and does not charge the Plan for these services.

The Trustee and the investment managers are authorized under contract provisions and by ERISA regulations that provide administrative and statutory exemptions, to invest in funds under their control and in securities of 3M.

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. At December 31, 2025 and 2024, the Plan held shares of common stock in 3M Company and held debt obligations issued by Bank of New York Mellon. These transactions qualify as party-in-interest transactions.

3M does not buy or sell any of its own stock as a direct investment for the Plan's benefit funds. However, due to external investment management of the funds, the Plan may indirectly buy, sell, or hold 3M stock. The aggregate amount of the shares would not be significant relative to the aggregate fund percentages.

Note 9 - Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 733,283,684	$ 754,978,998
Net assets of 401(h) account held in defined benefit plan investment trust	(659,509,188)	(678,530,088)
Net assets available for benefits per Form 5500	$ 73,774,496	$ 76,448,910

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements for the year ended December 31, 2025 to Form 5500:

Net decrease in net assets available for benefits per the financial statements	$ (21,695,314)
Net change in 401(h) net assets	19,020,900
Net decrease in net assets available for benefits per Form 5500	$ (2,674,414)

3M Retiree Welfare Benefit Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 41-0417775, Plan No. 522
December 31, 2025

(a)(b)(c) Identity of Issuer and Description of Investment	(d) Cost	(e) Current Value
SHORT TERM INVESTMENT FUNDS		
LEHMAN PROXY WAMCO - REC	22,590	-
Total short term investment funds	**22,590**	**-**
REGISTERED INVESTMENT COMPANIES		
FIDELITY INV MMKT GOV FND 2642 VAR RT 12/31/2049 DD 11/17/16	553	553
FIDELITY INV MMKT GOV FND 2642 VAR RT 12/31/2049 DD 11/17/16	820,601	820,601
DODGE & COX INCOME-I	63,031,922	65,295,752
Total registered investment companies	**63,853,076**	**66,116,906**
COMMON STOCK		
ACTERNA CORP COM	247	-
RESTRICTED HAMILTON BEACH BRANDS CL B	969	3,715
OMNIAB INC/OLD	24	-
OMNIAB INC/OLD	24	-
Total common stock	**1,264**	**3,715**
PARTNERSHIP/JOINT VENTURE INTEREST		
T3 PARTNERS II LP	5,535,432	195,171
TPG PARTNERS IV LP	507,382	56,074
SPLIT ROCK PARTNERS LP	995,887	620,450
WARBURG PINCUS PE IX LP	2,740,579	36,810
Total partnership/joint venture interest	**9,779,280**	**908,505**
COMMON/COLLECTIVE TRUST		
SIGMA CF LIQUIDATING POOL VAR RT 12/31/2049 DD 05/01/01	472,996	-
Total common/collective trust	**472,996**	**-**
Grand Total	**$ 74,129,206**	**$ 67,029,126**

3M Retiree Welfare Benefit Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 41-0417775, Plan No. 522
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Dodge & Cox	Dodge & Cox Income-I	$ 66,000,000	$ -	$ 66,000,000	$ 66,000,000	$ -
Fidelity Investments	Fidelity Inv Mmkt Gov Fnd 2642	-	62,835,972	62,835,972	62,835,972	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Dodge & Cox	Dodge & Cox Income-I:					
	Purchases - 7	69,667,167	-	69,667,167	69,667,167	-
	Sales - 7	-	6,635,245	6,800,000	6,635,245	(164,755)
Fidelity Investments	Fidelity Inv Mmkt Gov Fnd 2642:					
	Purchases - 86	70,176,030	-	70,176,030	70,176,030	-
	Sales - 125	-	72,374,158	72,374,158	72,374,158	-

There were no Category (ii) or (iv) reportable transactions during the year.

3M Retiree Welfare Benefit Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 41-0417775, Plan No. 522
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Dodge & Cox	Dodge & Cox Income-I	$ 66,000,000	$ -	$ 66,000,000	$ 66,000,000	$ -
Fidelity Investments	Fidelity Inv Mmkt Gov Fnd 2642	-	62,835,972	62,835,972	62,835,972	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Dodge & Cox	Dodge & Cox Income-I:					
	Purchases - 7	69,667,167	-	69,667,167	69,667,167	-
	Sales - 7	-	6,635,245	6,800,000	6,635,245	(164,755)
Fidelity Investments	Fidelity Inv Mmkt Gov Fnd 2642:					
	Purchases - 86	70,176,030	-	70,176,030	70,176,030	-
	Sales - 125	-	72,374,158	72,374,158	72,374,158	-

There were no Category (ii) or (iv) reportable transactions during the year.

3M Retiree Welfare Benefit Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 41-0417775, Plan No. 522
December 31, 2025

(a)(b)(c) Identity of Issuer and Description of Investment	(d) Cost	(e) Current Value
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Total short term investment funds	**22,590**	**-**
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SIGMA CF LIQUIDATING POOL VAR RT 12/31/2049 DD 05/01/01	472,996	-
Total common/collective trust	**472,996**	**-**
Grand Total	**$ 74,129,206**	**$ 67,029,126**