

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT  
CONSOLIDATED REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
1342253

EMPLOYER NAME  
Three M COMPANY

ADDRESS  
3M CENTER, BUILDING 224-01N-02

CITY/TOWN  
SAINT PAUL

STATE  
MN

ZIP CODE  
55144

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE

ZIP CODE

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
410417775**

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): YLQMY5SGNE55

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

**SECTION G – NAICS INFORMATION**

541715 - Research and Development in the Physical, Engineering, and Life Sciences (except Nanotechnology and Biotechnology)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	16	4	147	11	16	0	0	2	73	2	9	0	0	0	280
First/Mid-Level Officials and Managers	143	115	2723	84	167	2	16	39	1478	82	105	1	7	29	4991
Professionals	251	233	4768	201	605	7	21	82	2968	173	355	8	16	67	9755
Technicians	93	24	493	97	44	1	5	21	165	26	29	0	2	5	1005
Sales Workers	88	54	911	56	17	3	7	13	564	19	18	1	2	14	1767
Administrative Support Workers	65	262	69	19	4	2	1	0	430	125	23	3	5	18	1026
Craft Workers	48	3	1660	41	37	3	21	21	11	3	0	0	0	0	1848
Operatives	704	445	6858	953	513	19	82	151	2559	465	427	9	28	61	13274
Laborers and Helpers	22	4	79	20	3	0	1	2	46	7	0	0	1	1	186
Service Workers	3	3	92	4	1	0	0	1	46	5	2	0	1	1	159
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>1433</b>	<b>1147</b>	<b>17800</b>	<b>1486</b>	<b>1407</b>	<b>37</b>	<b>154</b>	<b>332</b>	<b>8340</b>	<b>907</b>	<b>968</b>	<b>22</b>	<b>62</b>	<b>196</b>	<b>34291</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>1516</b>	<b>1133</b>	<b>19428</b>	<b>1628</b>	<b>1451</b>	<b>35</b>	<b>176</b>	<b>365</b>	<b>9008</b>	<b>933</b>	<b>1008</b>	<b>21</b>	<b>64</b>	<b>203</b>	<b>36969</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD  
12/15/2023 - 12/31/2023**

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION**

**EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
1342253

EMPLOYER NAME  
Three M COMPANY

ADDRESS

3M CENTER, BUILDING 224-01N-02

CITY/TOWN

SAINT PAUL

STATE

MN

ZIP CODE

55144

**CERTIFICATION COMMENTS (optional)**

No Certification Comments Provided

**CERTIFICATION STATEMENT**

*"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."*

**Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.**

**DATE OF CERTIFICATION**

5/30/2024 12:00 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Leslie Bradley

Title of Certifying Official

Director, Diversity & Inclusion

Email Address of Certifying Official

lbradley3@mmm.com

Telephone Number of Certifying Official

256-993-9261

**PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING**

Name of Primary POC

Leslie Bradley

Title and Employer of Primary POC

Director, Diversity & Inclusion  
THREE M COMPANY

Email Address of Primary POC

lbradley3@mmm.com

Telephone Number of Primary POC

256-993-9261