U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2975

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													Expiration Date: 11/30/2026			
	SECTION A – TYPE OF REPORT CONSOLIDATED REPORT SECTION B – EMPLOYER IDENTIFICATION															
		SECT	ION B	– EMP	LOYE	R IDEN										
OFS COMPANY ID	EMPLOYER NAME															
0681331	ONEOK Inc															
ADDRESS						CITY/TOWN						STATE ZIP CODE				
100 W 5TH ST						TULSA						OK				
SECTION C – HEADQUARTERS OR ESTABLE																
	EADQU	ARTE	RS OR	ESTAB	LISHN	<u>IENT-L</u> UARTEI	EVEL	IDENT	IFICA'I	TON (if	applica	ıble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	KS OR ES	ABLIS	HMENI	-LEVEL	NAME					
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN							STATE ZIP CODE			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
731520922																
SECTION E – EMPLOYER FILING ELIGIBILITY																
X 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) Living Entity ID (LIEI): Not Applicable																
Unique Entity ID (UEI): Not Applicable																
☐ 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																
486210 - Pipeline Transportation of Natural Gas																
SECTION H - WORKFORCE DEMOGRAPHIC DATA																
	Race/Ethnicity															
	Hisp		Not Hispanic or Latino													
	or La	atino		Male Female												
								"				_ <u>_</u>		"		
				⊊		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
JOB CATEGORIES				Black or African American		ian slaı	iar	Ra		Black or African American		iar sla	iar	Ra	Row	
DOB GATEGORIES	Ð	Female	te	Afr	⊊	vai c Is	nd Vat	-G	te	Black or an Amer	⊊	vai c Is	nd Vat	e	Total	
	Male	Ĕ	White	or / eri	Asian	lav	ın l	Moi	White	A Z	Asian	lav ifij	ın l	٩		
	_	Ŗ	>	ck or Afric American	⋖	e F Pad	ics ask	ır	>	Bla	⋖	e F Pa	ics ask	Jr.		
) Slac		itiv er	Ala	Q.		fric		itiv er	Ala	0		
				ш		Na Fr	Ā	≱		⋖		Na Ft	Αr	≥		
Executive/Senior Level Officials and Managers	1	0	43	1	1	0	2	0	11	0	0	0	1	0	60	
First/Mid-Level Officials and Managers	29	12	632	12	10	0	35	20	174	7	4	0	10	8	953	
Professionals Technicians	63	25	769	42	36	2	51	42	368	30	26	0	28	18	1500	
Technicians Sales Workers	3 0	0	15 0	0	0	0	0	0	9	0	0	0	0	0	33 0	
Administrative Support Workers	1	8	10	0	0	0	2	0	97	3	3	0	6	2	132	
Craft Workers	126	1	914	34	1	1	33	14	8	0	0	0	0	0	1132	
Operatives	97	3	739	29	3	0	37	9	29	0	0	0	1	0	947	
Laborers and Helpers	1	1	16	0	0	0	0	0	0	0	0	0	0	0	18	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL	321	52	3138	118	52	3	160	85	696	40	33	0	48	29	4775	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/15/2023 - 12/31/2023

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

Not Applicable

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 0681331 **ONEOK Inc** ADDRESS CITY/TOWN STATE ZIP CODE 100 W 5TH ST **TULSA** OK 74103 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 5/22/2024 4:56 PM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official **Ashley Hughes** Manager HR Technology Email Address of Certifying Official Telephone Number of Certifying Official Ashley.Hughes@oneok.com 918-574-7338 PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC Manager HR Technology **Ashley Hughes ONEOK Inc**

Telephone Number of Primary POC

918-574-7338

Email Address of Primary POC

Ashley.Hughes@oneok.com