

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ONEOK, INC. RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 03/01/1941
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) ONEOK, INC. 100 WEST 5TH TULSA, OK 74103-4240
2b	Employer Identification Number (EIN) 73-1520922
2c	Plan Sponsor's telephone number 918-588-7000
2d	Business code (see instructions) 486000

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.	10/15/2025	ANDREA COOPER
	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 ☐ Same as Plan Sponsor ONEOK, INC. BENEFIT PLAN ADMINISTRATION COMMITTEE C/O ONEOK, INC. HUMAN RESOURCES, RETIREMENT PLANS DEPARTMENT ONEOK, INC. 100 WEST 5TH STREET TULSA, OK 74103	3b Administrator's EIN 73-0998781 3c Administrator's telephone number 918-588-7000 																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	5 1465																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">192</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">143</td></tr> <tr><td>6b</td><td style="text-align: right;">963</td></tr> <tr><td>6c</td><td style="text-align: right;">165</td></tr> <tr><td>6d</td><td style="text-align: right;">1271</td></tr> <tr><td>6e</td><td style="text-align: right;">182</td></tr> <tr><td>6f</td><td style="text-align: right;">1453</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>			6a(1)	192	6a(2)	143	6b	963	6c	165	6d	1271	6e	182	6f	1453	6g(1)		6g(2)		6h	0
6a(1)	192																						
6a(2)	143																						
6b	963																						
6c	165																						
6d	1271																						
6e	182																						
6f	1453																						
6g(1)																							
6g(2)																							
6h	0																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																						

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

1A 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan ONEOK, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ONEOK, INC.	D Employer Identification Number (EIN) 73-1520922
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	334915495	
b	Actuarial value	2b	354309132	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	1114	251643421	251643421
b	For terminated vested participants	177	26774721	26774721
c	For active participants	192	88309139	88309139
d	Total	1483	366727281	366727281
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.18 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	3725568	
b	Expected plan-related expenses	6b	1510000	
c	Target normal cost	6c	5235568	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary JESUS A FLORES-KOMIYAMA Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 500 NORTH AKARD STREET SUITE 4300 DALLAS, TX 75201 Address of the firm	09/09/2025 Date 23-07909 Most recent enrollment number 214-530-4200 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	12587435
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8717797
9 Amount remaining (line 7 minus line 8)	0	3869638
10 Interest on line 9 using prior year's actual return of <u>11.53</u> %	0	446169
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4315807

Part III Funding Percentages

14 Funding target attainment percentage	14	95.43 %
15 Adjusted funding target attainment percentage	15	95.43 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.56 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/19/2024	5000000	0			
02/06/2025	9000000	0			
Totals ►			18(b)	14000000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	13502239

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	5235568	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	16733956	1629073	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	6864641	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1877251	1877251
36 Additional cash requirement (line 34 minus line 35)	36	4987390	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	13502239	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	8514849	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1877251	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ONEOK, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ONEOK, INC.	D Employer Identification Number (EIN) 73-1520922	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

AON HEWITT INVESTMENT CONSULT.

36-3109431

(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 51	NONE	399488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
11 50 15	NONE	353919	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE 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?
13 18 21 50	TRUSTEE	47296	Yes ☐ No ☒	Yes ☐ No ☐		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)

FORVIS MAZARS, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 49 50	NONE	29400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ONEOK, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ONEOK, INC.	D Employer Identification Number (EIN) 73-1520922	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INVESTMENT FUND 12/49 1.147			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON, N.A.			
c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4499565	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON NON-US EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18854918	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON LARGE CAP EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29116596	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON SMALL CAP EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5126283	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL EQUITY FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54024343	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON CORE REAL ESTATE FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13054916	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL REAL ESTATE FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4475355	

a Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92397648
a Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI-ASSET CREDIT FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22202359
a Name of MTIA, CCT, PSA, or 103-12 IE: AON 20+ YR US TREASURY STRIPS FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80217
a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE GOVT BOND INDEX FN		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 699677
a Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG GOVT BOND INDEX FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82080
a Name of MTIA, CCT, PSA, or 103-12 IE: AON HIGH YIELD PLUS FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3745596
a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 88-6547562-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14159532
a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 88-6547562-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35462019
a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE CREDIT BOND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95905
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan ONEOK, INC. RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 ONEOK, INC.	D Employer Identification Number (EIN) 73-1520922	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	9000000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	25000	18000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	43000	29000
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	305873000	298078000
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	28974000	28854000

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	334915000	335979000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	119000	164000
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	119000	164000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	334796000	335815000

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)	14000000	
(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)		14000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	4003000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3932000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2299000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9011000
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		25381000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22378000	
(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)		22378000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	267000	
(4) IQPA audit fees	2i(4)	30000	
(5) Investment advisory and investment management fees	2i(5)	400000	
(6) Bank or trust company trustee/custodial fees	2i(6)	47000	
(7) Actuarial fees	2i(7)	87000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1153000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1984000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24362000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1019000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548389.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan ONEOK, INC. RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ONEOK, INC.				D Employer Identification Number (EIN) 73-1520922	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1926855					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 34.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 45.0 %

High-Yield Debt: 7.0 % Real Assets: 4.0 % Cash or Cash Equivalents: 1.0 % Other: 9.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☒ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

ONEOK, INC. RETIREMENT PLAN

EIN 73-1520922 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2024 and 2023

ONEOK, INC. RETIREMENT PLAN

December 31, 2024 and 2023

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA), are omitted as they are inapplicable or not required.	

Independent Auditor's Report

ONEOK, Inc. Benefit Plan Administration Committee
ONEOK, Inc. Retirement Plan
Tulsa, Oklahoma

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

We have performed audits of the financial statements of ONEOK, Inc. Retirement Plan (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 accumulated plan benefits as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits and accumulated plan benefits for the year ended December 31, 2024 and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's 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 an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be

independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

Auditor's 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 auditor's 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 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 the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment

information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental Schedules Required by ERISA

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

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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).

Forvis Mazars, LLP

**Tulsa, Oklahoma
October 14, 2025**

Federal Employer Identification Number: 44-0160260

ONEOK, INC. RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

(In thousands)

	2024	2023
Assets		
Investments, at fair value (Note 6)	\$ 326,961	\$ 334,890
Employer contributions receivable (Note 3)	9,000	—
Investment income receivable	18	25
Total assets	335,979	334,915
Liabilities		
Accrued commissions and fees	(164)	(119)
Net assets available for benefits	\$ 335,815	\$ 334,796

See accompanying Notes to Financial Statements.

ONEOK, INC. RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

(In thousands)

Investment income:

Net appreciation in fair value of investments	\$ 11,140
Interest	241
Total investment income	<u>11,381</u>

Employer contributions (Note 3)	14,000
---------------------------------	--------

Benefits paid and other:

Benefits paid	(22,378)
Commissions and administrative fees	<u>(1,984)</u>
Total benefits paid and other	<u>(24,362)</u>

Net increase in net assets available for benefits	1,019
Net assets available for benefits, beginning of period	<u>334,796</u>
Net assets available for benefits, end of period	<u>\$ 335,815</u>

See accompanying Notes to Financial Statements.

ONEOK, INC. RETIREMENT PLAN

Statements of Accumulated Plan Benefits

December 31, 2024 and 2023

(In thousands)

	2024	2023
Actuarial present value of accumulated plan benefits		
Retired and terminated participants receiving benefits	\$ 244,261	\$ 216,554
Active and terminated participants not presently receiving benefits	81,633	90,748
Total actuarial present value of accumulated plan benefits	<u>\$ 325,894</u>	<u>\$ 307,302</u>

See accompanying Notes to Financial Statements.

ONEOK, INC. RETIREMENT PLAN

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

(In thousands)

Actuarial present value of accumulated plan benefits at beginning of period	\$	307,302
Increase (decrease) during the year attributable to:		
Benefits accumulated		2,867
Actuarial loss		2,043
Increase for interest due to decrease in discount period		20,929
Benefits paid to participants		(22,378)
Change in actuarial assumptions		15,131
Net increase		18,592
Actuarial present value of accumulated plan benefits at end of period	\$	325,894

See accompanying Notes to Financial Statements.

ONEOK, INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The following brief description of the ONEOK, Inc. Retirement Plan (the Plan) is provided for general information only. Participants should refer to the summary plan description or the full text of the plan document for more complete information.

(a) General

The Plan is administered by the ONEOK, Inc. Benefit Plan Administration Committee (the Plan Administrator) and is provided for the benefit of the employees of ONEOK, Inc. and its subsidiaries (ONEOK or the Company). The Plan is a defined benefit pension plan covering certain employees and former employees of the Company hired prior to January 1, 2005, except for certain employees who made an irrevocable election at that time to participate in the former ONEOK, Inc. Profit Sharing Plan. The Plan has been closed to new participants since 2005.

The Plan's investments were held in the ONEOK, Inc. Retirement Plan Trust (the Trust) and managed by The Bank of New York Mellon, N.A. (BNY Mellon), as plan trustee, as of December 31, 2024 and 2023. Aon Investments USA Inc. (Aon) is the Plan's investment manager.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

(b) Pension Benefits

Eligible employees with five or more years of service, provided they have worked at least 1,000 hours in each of those years, are considered fully vested and entitled to a monthly pension benefit commencing at normal retirement age of 65. Benefits are determined in accordance with the Plan provisions and, in general, are based on final average earnings and years of credited service. Death benefits are provided under the Plan.

The Plan permits early retirement from age 50 to 64. Prior to January 1, 2005, participants retiring before attaining normal retirement age of 65 received a reduced benefit. As of January 1, 2005, all subsequent retirements after age 62 receive a full benefit. Married participants generally receive their pension benefits in the form of a 50 percent joint and survivor annuity unless the participant and his or her spouse elect to receive benefits in some other actuarially equivalent form, as provided by the Plan. Unmarried participants generally receive their pension benefits in the form of a straight-life annuity unless the participant elects to receive benefits in some other actuarially equivalent form, as provided by the Plan.

(c) Contributions to the Plan

All contributions to the Plan are made by the Company and are accrued based upon amounts required to be funded under provisions of the Plan and in accordance with funding requirements under the Pension Protection Act of 2006, as amended. No participant contributions are permitted.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of these financial statements in conformity with accounting principles generally accepted in the United States of America requires a number of estimates and assumptions by the Plan Administrator relating to the reporting of assets and liabilities and the actuarial present value of accumulated plan benefits and changes

therein and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Fair value is defined as the price that would be received from the sale of an asset or the transfer of a liability in an orderly transaction between market participants at the measurement date. The Plan utilizes net asset value (NAV) per share (or its equivalent) as well as the fair value hierarchy to classify fair value amounts recognized or disclosed in our financial statements based on the observability of inputs used to estimate such fair value. The levels of the fair value hierarchy are described below:

- Level 1 - Unadjusted quoted prices in active markets for identical assets or liabilities;
- Level 2 - Significant observable pricing inputs other than quoted prices included within Level 1 that are either directly or indirectly observable as of the reporting date. Essentially, this represents inputs that are derived principally from or corroborated by observable market data; and
- Level 3 - May include one or more unobservable inputs that are significant in establishing a fair value estimate. These unobservable inputs are developed based on the best information available and may include the Plan's own internal data.

The fair value of equity securities is based on the quoted market prices as of the close of business on the last day of the Plan year. The units of the common/collective trusts and other investments that are not exchange-traded or quoted in an active market are valued at fair value using the NAV practical expedient. The NAV is based on the fair value of the underlying assets. The majority of the Plan's investments are measured at fair value using NAV per share (or its equivalent) and are not classified in the fair value hierarchy.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year. Purchases and sales of investments are recorded on a trade-date basis.

(d) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions for the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) participants not retired or their beneficiaries.

Benefits under the Plan are computed on employees' final average earnings based upon their highest earnings during 60 consecutive months of the last 120 months of service.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement between the valuation date and the expected date of payment). The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023, were:

	2024	2023
Assumed rate of return	6.50%	7.00%
Annual salary increase	3.70%	3.65%
Retirement	Assumptions vary from 2.5 percent at age 50 to 100 percent at age 67	Assumptions vary from 2.5 percent at age 50 to 100 percent at age 67
Mortality tables used	Pri-2012 Mortality Tables for males and females projected generationally using scale MP-2020	Pri-2012 Mortality Tables for males and females projected generationally using scale MP-2020

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(e) Administrative Expenses

Administrative expenses may be paid by the Company or the Plan using assets held in the Trust.

(f) Payment of Benefits

Benefit payments are recorded when paid.

(g) Recently Issued Accounting Standards Update

Changes to generally accepted accounting principles are established by the Financial Accounting Standards Board (FASB) in the form of Accounting Standards Updates (ASU) to the FASB Accounting Standards Codification. The Plan considers the applicability and impact of all ASUs. There were no recently issued ASUs adopted by the Plan for the year ended December 31, 2024.

(h) Subsequent Events

Subsequent events have been evaluated through October 14, 2025, which is the day the financial statements were available to be issued.

(3) Funding

The contributions of the Company are designed to fund the estimated accrued prior service liability or to the extent necessary to ensure the Plan generally remains at least 80 percent funded in accordance with the funding requirements under the PPA. ERISA minimum funding requirements were met for 2024 and 2023. In August 2021, the Plan elected to adopt funding relief provided by the American Rescue Plan Act of 2021 legislation for the 2021 Plan year. As a result of the election, the Plan had no minimum required contribution in 2023 and 2024, and no contributions were made to the Plan in 2023 related to the respective Plan year. We contributed \$5 million to the Plan in January 2024 related to the 2024 Plan year and \$9 million in February 2025 related to the 2024 Plan year.

(4) Plan Termination

The Company has not expressed intent to terminate the Plan, but it may do so at any time. Under the provisions of ERISA, the Company may be obligated to make termination payments to the Plan and participants may be eligible for benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC).

Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the amount of benefit protection is subject to certain limitations and vested benefits under the Plan are guaranteed, subject to a ceiling, at the level in effect on the date of the Plan's termination.

There is a statutory ceiling on the amount of an individual's monthly pension benefit that the PBGC guarantees. For plan terminations occurring during 2024, that ceiling, which is adjusted periodically, is \$7,108 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a straight-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a straight-life annuity, the corresponding ceilings are actuarially adjusted downward.

Should the Plan terminate at some future time, whether all participants receive their benefits will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

In the event of termination of the Plan, all participants will be fully vested in their accrued benefits to the extent of available assets. No funds will be returned to the Company until all liabilities under the Plan have been satisfied. Assets will be allocated among persons having interests in the Plan, and all persons in each class will receive proportionate shares of benefits before assets are allocated to the next lower class as follows:

- First – Pensions for participants and their beneficiaries who have been receiving annuity benefits for at least three years, or for participants eligible to retire for that three-year period as if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under provisions of the Plan in effect at any time during the five years preceding the termination of the Plan.
- Second – All other pensions guaranteed by the PBGC.
- Third – Pensions for participants not retired but already vested before the termination of the Plan.
- Fourth – All other benefits under the Plan.

(5) Trustee Certification

The Plan has elected the method of annual reporting compliance permitted by 29 Code of Federal Regulations (CFR) 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information included in the accompanying financial statements and supplemental schedules was certified as complete and accurate to the best of their knowledge and belief by BNY Mellon:

	December 31,	
	2024	2023
	<i>(In thousands)</i>	
Investments, at fair value	\$ 326,961	\$ 334,890
Investment income receivable	\$ 18	\$ 25

	Year Ended December 31, 2024
	<i>(In thousands)</i>
Net appreciation in fair value of investments	\$ 11,140
Contributions	\$ 5,000
Interest	\$ 241
Benefits paid	\$ (22,378)
Commissions and administrative fees	\$ (1,939)

(6) Investments

The following tables set forth the Plan's recurring fair value measurements for each level within the fair value hierarchy for the periods indicated:

December 31, 2024						
	Level 1	Level 2	Level 3	Subtotal	Measured at NAV (d)	Total
<i>(In thousands)</i>						
Equity securities	\$ 29	\$ —	\$ —	\$ 29	\$ —	\$ 29
Common/collective trusts (e)						
Equity securities (a)	—	—	—	—	107,122	107,122
Real estate funds	—	—	—	—	17,530	17,530
Government obligations	—	—	—	—	50,484	50,484
Corporate obligations (b)	—	—	—	—	118,442	118,442
Short term investments	—	—	—	—	4,500	4,500
Other investments (c)(e)	—	—	—	—	28,854	28,854
Total investments, at fair value	\$ 29	\$ —	\$ —	\$ 29	\$ 326,932	\$ 326,961

(a) - This category represents securities of the respective market sector from diverse industries.

(b) - This category represents bonds from diverse industries.

(c) - This category represents alternative investments in limited partnerships, which can be redeemed with a 30-day notice with no further restrictions. There are no unfunded capital commitments. These limited partnerships invest through multi-strategy programs in broadly diversified portfolios of private investment funds, hedge funds and/or separate accounts to seek equity-like returns with low market correlation, reduced volatility and limited risk.

(d) - Plan asset investments measured at fair value using the net asset value per share.

(e) - Party-in-interest transactions include investments in a BNY Mellon temporary investment fund of \$4 million and select Aon funds of \$273 million. See Note 8.

December 31, 2023						
	Level 1	Level 2	Level 3	Subtotal	Measured at NAV (d)	Total
<i>(In thousands)</i>						
Equity securities	\$ 43	\$ —	\$ —	\$ 43	\$ —	\$ 43
Common/collective trusts (e)						
Equity securities (a)	—	—	—	—	109,349	109,349
Real estate funds	—	—	—	—	16,804	16,804
Government obligations	—	—	—	—	60,176	60,176
Corporate obligations (b)	—	—	—	—	113,833	113,833
Short term investments	—	—	—	—	5,710	5,710
Other investments (c)(e)	—	—	—	—	28,975	28,975
Total investments, at fair value	\$ 43	\$ —	\$ —	\$ 43	\$ 334,847	\$ 334,890

(a) - This category represents securities of the respective market sector from diverse industries.

(b) - This category represents bonds from diverse industries.

(c) - This category represents alternative investments in limited partnerships, which can be redeemed with a 30-day notice with no further restrictions. There are no unfunded capital commitments. These limited partnerships invest through multi-strategy programs in broadly diversified portfolios of private investment funds, hedge funds and/or separate accounts to seek equity-like returns with low market correlation, reduced volatility and limited risk.

(d) - Plan asset investments measured at fair value using the net asset value per share.

(e) - Party-in-interest transactions include investments in a BNY Mellon temporary investment fund of \$6 million and select Aon Hewitt funds of \$329 million. See Note 8.

(7) Income Taxes

The Plan, as amended, is intended to be a qualified plan under the Internal Revenue Code (IRC) that is exempt from federal income taxes. The Plan received a favorable determination letter dated April 10, 2014, stating that the Plan, as designed with proposed amendments, was in compliance with applicable qualification requirements of the IRC. The Plan has been amended since this IRS determination letter; however, the Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

(8) Party-in-Interest Transactions

Transactions in the Trust are managed by BNY Mellon and Willis Towers Watson, the Plan's record keeper. The Plan's investments are managed by Aon. As such, transactions with BNY Mellon, Willis Towers Watson and Aon qualify as party-in-interest transactions under ERISA. Each party-in-interest transaction with the Plan is intended to satisfy a statutory or regulatory exemption so as to avoid constituting a nonexempt prohibited transaction under ERISA.

(9) Risks and Uncertainties

The Plan's investments in various investment securities, in general, are exposed to risks, such as interest rate, credit and overall price and market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities held could occur in the near term and that such change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

ONEOK, INC. RETIREMENT PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN 73-1520922 PN 001

December 31, 2024

(a) *	(b) Identity of Issuer or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Equity securities				
	MPM HOLDINGS INC	905.000 Shares	\$ 49,262	\$ 29,413
Common/collective trusts				
*	AON NON-US EQUITY INDEX	Equity securities	\$ 14,665,668	18,854,918
*	AON LARGE CAP EQUITY INDEX	Equity securities	\$ 15,659,922	29,116,596
*	AON SMALL CAP EQUITY INDEX	Equity securities	\$ 3,273,488	5,126,283
*	AON GLOBAL EQUITY CL I	Equity securities	\$ 27,564,801	54,024,343
*	AON CORE REAL ESTATE	Real estate funds	\$ 10,054,451	13,054,916
*	AON GLOBAL REAL ESTATE CL I	Real estate funds	\$ 4,006,399	4,475,355
*	AON US LONG GOVERNMENT INDEX	Government obligations	\$ 95,635	82,080
*	AON US INTERMEDIATE GOVERNMENT	Government obligations	\$ 695,638	699,677
*	AON 20+ YR US TREASURY STRIPS	Government obligations	\$ 129,330	80,217
	NISA ULTRA MID TREASURY CIF	Government obligations	\$ 16,253,253	14,159,532
	NISA ULTRA LONG TREASURY CIF	Government obligations	\$ 40,812,825	35,462,019
*	AON HIGH YIELD PLUS CL I	Corporate obligations	\$ 3,427,953	3,745,596
*	AON LONG CR BD	Corporate obligations	\$ 102,177,415	92,397,648
*	AON MULTI ASSET CREDIT FUND	Corporate obligations	\$ 18,347,726	22,202,359
*	AON INTERMEDIATE CR BD	Corporate obligations	\$ 92,080	95,905
*	EB TEMP INV FUND 12/49 1.147	Short term investments	\$ 4,499,565	4,499,565
Other investments				
*	AON DIVERSIFYING ALTERNATIVES	3,731.456 Units	\$ 4,593,398	5,789,922
*	AON RETURN ENHANCING ALTERNATIVES	16,459.065 Units	\$ 16,459,065	23,064,887
			Total Investments	\$ 326,961,231

*Party-in-interest

ONEOK, INC. RETIREMENT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN 73-1520922 PN 001

Year Ended December 31, 2024

(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 or (Loss)
<u>Category (i) - Single transactions in excess of 5% of beginning Plan assets</u>						
NISA ULTRA LONG TREASURY CIF	Common/collective trusts- government obligations	\$ 27,200,000	\$ —	\$ 27,200,000	\$ 27,200,000	\$ —
AON 20+ YR US TREASURY STRIPS*	Common/collective trusts- government obligations	\$ —	\$ 31,000,000	\$ 47,143,531	\$ 31,000,000	\$ (16,143,531)
<u>Category (iii) - Series of transactions in excess of 5% of beginning Plan assets</u>						
AON LONG CR BD*	Common/collective trusts- corporate obligations	\$ 19,000,000	\$ —	\$ 19,000,000	\$ 19,000,000	\$ —
EB TEMP INV FUND 12/49 1.147*	Common/collective trusts- short term investments	\$ 34,332,131	\$ —	\$ 34,332,131	\$ 34,332,131	\$ —
NISA ULTRA MID TREASURY CIF	Common/collective trusts- government obligations	\$ 17,560,000	\$ —	\$ 17,560,000	\$ 17,560,000	\$ —
NISA ULTRA LONG TREASURY CIF	Common/collective trusts- government obligations	\$ 43,670,000	\$ —	\$ 43,670,000	\$ 43,670,000	\$ —
AON US LONG GOVERNMENT INDEX*	Common/collective trusts- government obligations	\$ 3,700,000	\$ —	\$ 3,700,000	\$ 3,700,000	\$ —
AON US INTERMEDIATE GOVERNMENT*	Common/collective trusts- government obligations	\$ 15,500,000	\$ —	\$ 15,500,000	\$ 15,500,000	\$ —
EB TEMP INV FUND 12/49 1.147*	Common/collective trusts- short term investments	\$ —	\$ 35,543,053	\$ 35,543,053	\$ 35,543,053	\$ —
AON LONG CR BD*	Common/collective trusts- corporate obligations	\$ —	\$ 17,500,000	\$ 18,742,166	\$ 17,500,000	\$ (1,242,166)
AON 20+ YR US TREASURY STRIPS*	Common/collective trusts- government obligations	\$ —	\$ 42,240,000	\$ 64,113,794	\$ 42,240,000	\$ (21,873,794)
AON US LONG GOVERNMENT INDEX*	Common/collective trusts- government obligations	\$ —	\$ 16,000,000	\$ 18,023,441	\$ 16,000,000	\$ (2,023,441)
AON US INTERMEDIATE GOVERNMENT*	Common/collective trusts- government obligations	\$ —	\$ 16,265,000	\$ 16,167,433	\$ 16,265,000	\$ 97,567
NISA ULTRA MID TREASURY CIF	Common/collective trusts- government obligations	\$ —	\$ 1,425,000	\$ 1,306,747	\$ 1,425,000	\$ 118,253
NISA ULTRA LONG TREASURY CIF	Common/collective trusts- government obligations	\$ —	\$ 3,130,000	\$ 2,857,175	\$ 3,130,000	\$ 272,825

*Party-in-interest

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2024.

Columns (e) and (f) are not applicable.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	1	0	0	0	0	0	1
40-44	0	0	0	0	6	3	0	0	0	0	9
45-49	0	0	0	1	6	10	2	0	0	0	19
50-54	0	0	0	0	19	13	7	0	0	0	39
55-59	0	0	0	0	14	18	7	4	1	0	44
60-64	0	0	0	0	19	15	7	5	4	1	51
65-69	0	0	0	0	10	7	4	2	0	3	26
70 & over	0	0	0	0	0	1	2	0	0	0	3
Total	0	0	0	1	75	67	29	11	5	4	192

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting ARPA Stabilization	Not Reflecting Stabilization
• First segment rate	4.75%	4.37%
• Second segment rate	4.96%	4.96%
• Third segment rate	5.59%	4.95%
• Effective interest rate	5.18%	4.92%

Annual rates of increase

- Compensation/Salary Increases: An age-based salary scale is used, averaging 3.65% per year.
Representative Rates:

Attained Age	Rates
20	7.25%
25	7.10%
30	6.50%
35	5.45%
40	6.00%
45	5.25%
50	4.50%
55	3.75%
60	3.00%

- Future Social Security wage bases 3.00%

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

- Statutory limits on compensation 3.00% in 2024, grading to an ultimate rate of 2.50% in 2025
- Assumed pension increases
 - Retirees 3.00% in 2024, grading to an ultimate rate of 2.50% in 2025
 - Others 2.50% per year
- Plan-related expenses The administrative expenses expected to be paid from plan assets during the plan year are the prior year's expenses paid from the trust taking into account expected PBGC premiums, rounded to two significant digits. For 2024, the plan-related expenses added to target normal cost are \$1,510,000.

Rates not reflecting stabilization are used to determine the PBGC FTAP and the PBGC 4010 FS.

Demographic Assumptions

- Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.
- New or rehired employees** It was assumed there will be no new or rehired employees.
- Mortality**
- Healthy Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
 - Disabled Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination

The rates at which participants terminate by age are shown below

Percentage leaving during the year	
Attained Age	
25	6.50%
30	6.50%
35	6.00%
40	5.00%
45	4.00%
50	4.00%
55	4.00%

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Attained Age	Males	Females
25	0.038%	0.047%
30	0.048%	0.080%
35	0.069%	0.136%
40	0.117%	0.211%
45	0.202%	0.323%
50	0.358%	0.533%
55	0.722%	0.952%
60	1.256%	1.159%
65	1.753%	1.358%

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Attained Age	Rate
50	2.5%
51	2.5%
52	2.5%
53	2.5%
54	2.5%
55	4.0%
56	5.0%
57	5.0%
58	5.0%
59	7.0%
60	8.0%
61	11.0%
62	11.0%
63	13.5%
64	10.0%
65	30.0%
66	50.0%
67	100.0%

Benefit commencement date:

- Preretirement death benefit Upon death of the participant
- Deferred vested benefit The later of age 62 or termination of employment
- Disability benefit Age 65
- Retirement benefit Upon termination of employment

Form of payment

For valuation purposes, 30% of participants are assumed to elect the Life Only form of payment, 20% of participants are assumed to elect the 50% Joint and Survivor form of payment, and 50% of participants are assumed to elect the 100% Joint and survivor form of payment.

Percent married

80% of participants are assumed to be married. These assumptions are used to value pre-retirement surviving spouse benefits.

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Spouse age	Wife 2 years younger than husband.
Covered pay	The greater of a) and b) as follows: a) Earnings provided by the employer for the prior year, plus 100% of target bonus incentive levels. b) Three-year average of prior years' earnings.
Timing of benefit payments	Benefit payments are assumed to be made uniformly throughout the year, and on average, at mid-year.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

Plan Name:	ONEOK, Inc. Retirement Plan
EIN / PN:	73-1520922/001
Plan Sponsor:	ONEOK
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Rates of increase in:	
• Compensation	Assumed compensation increases are based on actual compensation increases received by the participant population over the period 2014-2017.
• National average wages (NAW) (e.g. Social Security wage bases)	The assumed NAW is based on assumed CPI as shown below, plus assumed increases in real wages (the portion of GDP increases that becomes part of wages). Such assumed future increases in real wages are based on a combination of historical averages and an expectation that the future rates will be similar to historical averages.
• Increases in statutory limits (CPI)	The assumed CPI is based on a combination of historical average CPI, current conditions, and future forecasts by economists.
• Increases in pension benefits to COLA-eligible retirees	The assumed pension increase is based on a combination of historical average CPI, current conditions, and an assumed CPI to the long-term expected level. The resulting assumption is select-and-ultimate, beginning at a rate that reflects current conditions, and increasing to the long-term assumption gradually.

Plan Name:	ONEOK, Inc. Retirement Plan
EIN / PN:	73-1520922/001
Plan Sponsor:	ONEOK
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

- Assumed Return for Asset Smoothing
The assumed return used for asset smoothing is the third segment rate. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor's investment policy we believe the rate to be above the third segment rate for the 2023 plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale - Significant Demographic Assumptions

- | | |
|---|---|
| Healthy Mortality | Assumptions used for funding purposes are as prescribed by IRC §430(h). |
| Disabled Mortality | Assumptions used for funding purposes are as prescribed by IRC §430(h). |
| Termination | <p>Termination rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed termination rates differ by age because of observed differences in termination rates by age.</p> |
| Disability | <p>Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.</p> <p>Assumed disability rates differ by gender because of expected differences in disability rates by gender.</p> |
| Retirement | Retirement rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. |
| Benefit commencement date for deferred benefits: | |
| <ul style="list-style-type: none">Preretirement death benefit | Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available. |

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

- **Deferred vested benefit** Deferred vested participants are assumed to begin benefits at age 62 (or current age if later) because it has been observed and it is expected that many participants will retire and begin benefits when Social Security benefits are first available and when plan benefits are unreduced.
- **Form of payment** The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on observed experience over the period 2014-2017.
- **Spouse age** The assumed age difference for spouses is based on the age difference observed among recent retirees.

Prescribed Methods

- Funding methods** The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

- Change in assumptions since prior valuation**
- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.
 - The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- Change in methods since prior valuation** None.

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

ONEOK, INC. RETIREMENT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN 73-1520922 PN 001

Year Ended December 31, 2024

(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 or (Loss)
<u>Category (i) - Single transactions in excess of 5% of beginning Plan assets</u>						
NISA ULTRA LONG TREASURY CIF	Common/collective trusts- government obligations	\$ 27,200,000	\$ —	\$ 27,200,000	\$ 27,200,000	\$ —
AON 20+ YR US TREASURY STRIPS*	Common/collective trusts- government obligations	\$ —	\$ 31,000,000	\$ 47,143,531	\$ 31,000,000	\$ (16,143,531)
<u>Category (iii) - Series of transactions in excess of 5% of beginning Plan assets</u>						
AON LONG CR BD*	Common/collective trusts- corporate obligations	\$ 19,000,000	\$ —	\$ 19,000,000	\$ 19,000,000	\$ —
EB TEMP INV FUND 12/49 1.147*	Common/collective trusts- short term investments	\$ 34,332,131	\$ —	\$ 34,332,131	\$ 34,332,131	\$ —
NISA ULTRA MID TREASURY CIF	Common/collective trusts- government obligations	\$ 17,560,000	\$ —	\$ 17,560,000	\$ 17,560,000	\$ —
NISA ULTRA LONG TREASURY CIF	Common/collective trusts- government obligations	\$ 43,670,000	\$ —	\$ 43,670,000	\$ 43,670,000	\$ —
AON US LONG GOVERNMENT INDEX*	Common/collective trusts- government obligations	\$ 3,700,000	\$ —	\$ 3,700,000	\$ 3,700,000	\$ —
AON US INTERMEDIATE GOVERNMENT*	Common/collective trusts- government obligations	\$ 15,500,000	\$ —	\$ 15,500,000	\$ 15,500,000	\$ —
EB TEMP INV FUND 12/49 1.147*	Common/collective trusts- short term investments	\$ —	\$ 35,543,053	\$ 35,543,053	\$ 35,543,053	\$ —
AON LONG CR BD*	Common/collective trusts- corporate obligations	\$ —	\$ 17,500,000	\$ 18,742,166	\$ 17,500,000	\$ (1,242,166)
AON 20+ YR US TREASURY STRIPS*	Common/collective trusts- government obligations	\$ —	\$ 42,240,000	\$ 64,113,794	\$ 42,240,000	\$ (21,873,794)
AON US LONG GOVERNMENT INDEX*	Common/collective trusts- government obligations	\$ —	\$ 16,000,000	\$ 18,023,441	\$ 16,000,000	\$ (2,023,441)
AON US INTERMEDIATE GOVERNMENT*	Common/collective trusts- government obligations	\$ —	\$ 16,265,000	\$ 16,167,433	\$ 16,265,000	\$ 97,567
NISA ULTRA MID TREASURY CIF	Common/collective trusts- government obligations	\$ —	\$ 1,425,000	\$ 1,306,747	\$ 1,425,000	\$ 118,253
NISA ULTRA LONG TREASURY CIF	Common/collective trusts- government obligations	\$ —	\$ 3,130,000	\$ 2,857,175	\$ 3,130,000	\$ 272,825

*Party-in-interest

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2024.

Columns (e) and (f) are not applicable.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ONEOK, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ONEOK, INC.	D Employer Identification Number (EIN) 73-1520922
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2024			
2 Assets:			
a Market value.....	2a	334,915,495	
b Actuarial value.....	2b	354,309,132	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	1,114	251,643,421	251,643,421
b For terminated vested participants	177	26,774,721	26,774,721
c For active participants.....	192	88,309,139	88,309,139
d Total.....	1,483	366,727,281	366,727,281
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.18%	
6 Target normal cost			
a Present value of current plan year accruals	6a	3,725,568	
b Expected plan-related expenses	6b	1,510,000	
c Target normal cost	6c	5,235,568	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Jesus A Flores-Komiyama Signature of actuary	JF	9/9/2025 Date
	Jesus A Flores-Komiyama Type or print name of actuary		2307909 Most recent enrollment number
	Willis Towers Watson US LLC Firm name		214-530-4200 Telephone number (including area code)
	500 North Akard Street Suite 4300 Dallas TX 75201 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.
Schedule SB (Form 5500) 2024 v. 240311

Part II	Beginning of Year Carryover and Prefunding Balances
----------------	--

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	12,587,435
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8,717,797
9 Amount remaining (line 7 minus line 8)	0	3,869,638
10 Interest on line 9 using prior year's actual return of <u>11.53%</u>	0	446,169
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	4,315,807

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	95.43 %
15	Adjusted funding target attainment percentage.....	15	95.43 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.56 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/19/2024	5,000,000	0			
02/06/2025	9,000,000	0			
			Totals ▶	18(b)	14,000,000
				18(c)	0

	Total	10(6)	14,000,
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	13,502,239

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

Equity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	5,235,568	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
	16,733,956	1,629,073	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	6,864,641	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,877,251	1,877,251
36 Additional cash requirement (line 34 minus line 35).....	36	4,987,390	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	13,502,239	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	8,514,849	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,877,251	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021
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SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	ONEOK
EIN/PN	73-1520922/001
Plan Name	ONEOK, Inc. Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Jesus Flores-Komiyama
Enrollment Number	23-07909

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
50	0.025	1,000	1.000000	0.025000	1.250000
51	0.025	975	0.975000	0.024375	1.243125
52	0.025	951	0.950625	0.023766	1.235813
53	0.025	927	0.926859	0.023171	1.228089
54	0.025	904	0.903688	0.022592	1.219979
55	0.040	881	0.881096	0.035244	1.938411
56	0.050	846	0.845852	0.042293	2.368385
57	0.050	804	0.803559	0.040178	2.290144
58	0.050	763	0.763381	0.038169	2.213806
59	0.070	725	0.725212	0.050765	2.995127
60	0.080	674	0.674447	0.053956	3.237347
61	0.110	620	0.620492	0.068254	4.163499
62	0.110	552	0.552238	0.060746	3.766260
63	0.135	491	0.491491	0.066351	4.180134
64	0.100	425	0.425140	0.042514	2.720896
65	0.300	383	0.382626	0.114788	7.461208
66	0.500	268	0.267838	0.133919	8.838662
67	1.000	134	0.133919	0.133919	8.972581
Average age at retirement					61.323464
Rounded for Schedule SB item 22					61

Plan Name: ONEOK, Inc. Retirement Plan
 EIN / PN: 73-1520922/001
 Plan Sponsor: ONEOK
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting ARPA Stabilization	Not Reflecting Stabilization
• First segment rate	4.75%	4.37%
• Second segment rate	4.96%	4.96%
• Third segment rate	5.59%	4.95%
• Effective interest rate	5.18%	4.92%

Annual rates of increase

- Compensation/Salary An age-based salary scale is used, averaging 3.65% per year.
Increases: Representative Rates:

Attained Age	Rates
20	7.25%
25	7.10%
30	6.50%
35	5.45%
40	6.00%
45	5.25%
50	4.50%
55	3.75%
60	3.00%

- Future Social Security wage 3.00%
bases

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- Statutory limits on compensation 3.00% in 2024, grading to an ultimate rate of 2.50% in 2025
- Assumed pension increases
 - Retirees 3.00% in 2024, grading to an ultimate rate of 2.50% in 2025
 - Others 2.50% per year
- Plan-related expenses The administrative expenses expected to be paid from plan assets during the plan year are the prior year's expenses paid from the trust taking into account expected PBGC premiums, rounded to two significant digits. For 2024, the plan-related expenses added to target normal cost are \$1,510,000.

Rates not reflecting stabilization are used to determine the PBGC FTAP and the PBGC 4010 FS.

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- Healthy Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- Disabled Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Plan Name: ONEOK, Inc. Retirement Plan
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Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

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Termination

The rates at which participants terminate by age are shown below

Percentage leaving during the year	
Attained Age	
25	6.50%
30	6.50%
35	6.00%
40	5.00%
45	4.00%
50	4.00%
55	4.00%

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Attained Age	Males	Females
25	0.038%	0.047%
30	0.048%	0.080%
35	0.069%	0.136%
40	0.117%	0.211%
45	0.202%	0.323%
50	0.358%	0.533%
55	0.722%	0.952%
60	1.256%	1.159%
65	1.753%	1.358%

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Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Attained Age	Rate
50	2.5%
51	2.5%
52	2.5%
53	2.5%
54	2.5%
55	4.0%
56	5.0%
57	5.0%
58	5.0%
59	7.0%
60	8.0%
61	11.0%
62	11.0%
63	13.5%
64	10.0%
65	30.0%
66	50.0%
67	100.0%

Benefit commencement date:

- Preretirement death benefit Upon death of the participant
- Deferred vested benefit The later of age 62 or termination of employment
- Disability benefit Age 65
- Retirement benefit Upon termination of employment

Form of payment

For valuation purposes, 30% of participants are assumed to elect the Life Only form of payment, 20% of participants are assumed to elect the 50% Joint and Survivor form of payment, and 50% of participants are assumed to elect the 100% Joint and survivor form of payment.

Percent married

80% of participants are assumed to be married. These assumptions are used to value pre-retirement surviving spouse benefits.

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Spouse age	Wife 2 years younger than husband.
Covered pay	The greater of a) and b) as follows: a) Earnings provided by the employer for the prior year, plus 100% of target bonus incentive levels. b) Three-year average of prior years' earnings.
Timing of benefit payments	Benefit payments are assumed to be made uniformly throughout the year, and on average, at mid-year.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

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Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Rates of increase in:	
• Compensation	Assumed compensation increases are based on actual compensation increases received by the participant population over the period 2014-2017.
• National average wages (NAW) (e.g. Social Security wage bases)	The assumed NAW is based on assumed CPI as shown below, plus assumed increases in real wages (the portion of GDP increases that becomes part of wages). Such assumed future increases in real wages are based on a combination of historical averages and an expectation that the future rates will be similar to historical averages.
• Increases in statutory limits (CPI)	The assumed CPI is based on a combination of historical average CPI, current conditions, and future forecasts by economists.
• Increases in pension benefits to COLA-eligible retirees	The assumed pension increase is based on a combination of historical average CPI, current conditions, and an assumed CPI to the long-term expected level. The resulting assumption is select-and-ultimate, beginning at a rate that reflects current conditions, and increasing to the long-term assumption gradually.

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- Assumed Return for Asset Smoothing
The assumed return used for asset smoothing is the third segment rate. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor's investment policy we believe the rate to be above the third segment rate for the 2023 plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale - Significant Demographic Assumptions

- | | |
|---|---|
| Healthy Mortality | Assumptions used for funding purposes are as prescribed by IRC §430(h). |
| Disabled Mortality | Assumptions used for funding purposes are as prescribed by IRC §430(h). |
| Termination | <p>Termination rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed termination rates differ by age because of observed differences in termination rates by age.</p> |
| Disability | <p>Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.</p> <p>Assumed disability rates differ by gender because of expected differences in disability rates by gender.</p> |
| Retirement | Retirement rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. |
| Benefit commencement date for deferred benefits: | |
| <ul style="list-style-type: none">Preretirement death benefit | Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available. |

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- **Deferred vested benefit** Deferred vested participants are assumed to begin benefits at age 62 (or current age if later) because it has been observed and it is expected that many participants will retire and begin benefits when Social Security benefits are first available and when plan benefits are unreduced.
- **Form of payment** The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on observed experience over the period 2014-2017.
- **Spouse age** The assumed age difference for spouses is based on the age difference observed among recent retirees.

Prescribed Methods

- Funding methods** The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

- Change in assumptions since prior valuation**
- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.
 - The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- Change in methods since prior valuation** None.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective March 1, 1941 and was restated January 1, 2008. The latest amendment reflected herein was effective January 1, 2014.

Plan Sponsor	ONEOK, Inc.
Plan	ONEOK, Inc. Retirement Plan
Plan Year	The twelve-month period ending December 31.
Covered employees	Any employee of ONEOK, Inc., and its wholly owned subsidiaries, which have adopted this plan, except the following: (i) members of the Board of Directors who are not officers of ONEOK, Inc.; (ii) independent contractors; and (iii) leased employees. The plan is currently closed to new entrants.
Participation date	Date of becoming a covered employee.

Definitions

Credited Service	A full year of credited service accrues upon completion of 1,000 hours in any plan year after employment date and prior to retirement, death, or termination. If less than 1,000 hours is worked in the initial employment year and/or the year the employee ceases to be employed, credited service is determined on a pro rata basis using completed months. Employees with benefits grandfathered using prior plan features will have credited service for the prior plan benefit formula based on the definition of credited service in the prior plan.
Vesting service	A full year of vesting service accrues upon completion of 1,000 hours in any plan year after employment date.
Final Average Compensation/Salary	Highest average monthly amount during the 60 consecutive calendar months of employment during the 120-month period ending on the date the employee ceases to be employed.

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Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65
Normal Retirement Benefit	Calculated using the accrued benefit formula based on final average earnings and credited service at normal retirement date, payable immediately.
Accrued Benefit	Benefits are determined based on the following formula: 1.42% of final average earnings multiplied by credited service up to 35 years, PLUS 0.48% of final average earnings in excess of covered compensation multiplied by credited service up to 35 years. Participants as of December 31, 1998 who are at least age 65 or who were at least age 55 with at least 5 years of vesting service are "grandfathered" in the benefits determined by treating all pertinent provisions of the prior ONEOK, Inc. or prior KGS plans as having continued to actual retirement date and will receive the greater of the two benefits. Accrued benefits as of December 31, 2004 are minimum benefits.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 50 and completing at least five years of vesting service
Late retirement	Calculated for employees who continue to work beyond age 65 and then retire.
Vested Benefits Upon Termination of Service	Calculated for terminations after the completion of at least five years of vesting service
Disability	Disability payments will be made if an employee becomes totally disabled and is vested in any plan benefit.
Death Benefits for Participants in Active Service	Death with eligible spouse after completing vesting requirements or death after attainment of age 55. Temporary death benefits are payable to dependent children, if applicable, if a vested employee dies without a surviving spouse.

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Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	Calculated using the accrued benefit formula based on final average earnings and credited service at early retirement date, payable at normal retirement date. The benefit may commence earlier, but will be reduced according to the following factors:

Age	Factor
64	100%
63	100%
62	100%
61	97.5%
60	95.0%
59	90.0%
58	85.0%
57	79.0%
56	73.0%
55	66.0%
54	59.0%
53	51.0%
52	43.0%
51	34.0%
50	25.0%

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Calculated using the accrued benefit formula based on the final average earnings and credited service at postponed retirement date. In no event will this benefit be less than the benefit at normal retirement date increased actuarially for late retirement.

Calculated using the accrued benefit formula based on final average earnings and credited service at date of termination. The benefit may be paid prior to normal retirement date, but will be reduced according to the following factors:

Age	Rate
64	100%
63	100%
62	100%
61	97.5%
60	95.0%
59	90.0%
58	85.0%
57	79.0%
56	73.0%
55	66.0%
54	59.0%
53	51.0%
52	43.0%
51	34.0%
50	25.0%

Employees continue to receive additional vesting service during periods of LTD, but receive no additional credited service for benefit accrual during LTD periods after December 31, 1998. Benefits are calculated using the accrued benefit formula based on final average earnings at the date of disability and credited service as determined above.

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Death Benefits for Participants in Active Service

55% of the participant's accrued benefit at date of death, payable the first day of the month coinciding with or next following the date the participant dies. In no event will this benefit be less than the qualified joint and survivor benefit that would have otherwise been payable to a participant eligible for early retirement.

The benefit, if death occurs after the participant's earliest retirement date, is the amount the spouse would have received had the participant retired with a 50% joint and survivor annuity on the day before he died. Otherwise, the benefit is the amount the spouse would have received had the participant terminated on the date of death, survived to his earliest retirement age, retired on that day with a 50% joint and survivor annuity, and died the next day.

Other Plan Provisions

Forms of payment

Optional forms include joint and survivor, life with period certain (5 or 10 years), or level income option. All optional forms of annuity are actuarially equivalent to the single life annuity amount. If the present value of a participant's vested accrued benefit is \$5,000 or less, the plan will pay the accrued benefit as a lump sum.

Plan Name: ONEOK, Inc. Retirement Plan
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Actuarial Equivalence

Participants eligible to participate in the prior ONEOK, Inc. plan prior to January 1, 1999 with termination date prior to March 1, 1994: interest rate of 6.0% and mortality rates based on a 83% / 17% blend of the 1951 Group Annuity Mortality Table with ages set back one year and the same table with ages set back six years, respectively.

Participants eligible to participate in the prior KGS Retirement Plan prior to January 1, 1999: interest rate of 8.0% and mortality tables based on the 1983 Group Annuity Mortality Table for males, with ages set back one year.

All other participants: interest rate of 8.5%. Mortality rates for employees: based on a 70% / 30% blend of the 1983 Group Annuity Mortality Table for males and females, respectively. Mortality rates for spouses and joint annuitants: 30% / 70% blend of the 1983 Group Annuity Mortality Table for males and females, respectively.

Pension Increases

The adjustment is based on the Consumer Price Index, but limited to an adjustment of 3% per year of the base amount. Benefits earned after March 31, 1995, are not eligible to receive COLAs if the participant terminates before reaching a retirement age under the plan. Benefits earned after December 31, 1998, are not eligible to receive COLAs except for those participants "grandfathered" in the former ONEOK, Inc. plan. Those "grandfathered" participants continue to receive COLA adjustments to their total benefit at retirement regardless of the benefit formula that provides the largest benefit, just as in the prior ONEOK, Inc. plan.

Plan participants' contributions None

Changes in Plan Provision since Last Actuarial Valuation

No plan provisions have changed since the prior year, except to reflect any current year changes in the Internal Revenue Code maximums or benefits.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

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Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	1	0	0	0	0	0	1
40-44	0	0	0	0	6	3	0	0	0	0	9
45-49	0	0	0	1	6	10	2	0	0	0	19
50-54	0	0	0	0	19	13	7	0	0	0	39
55-59	0	0	0	0	14	18	7	4	1	0	44
60-64	0	0	0	0	19	15	7	5	4	1	51
65-69	0	0	0	0	10	7	4	2	0	3	26
70 & over	0	0	0	0	0	1	2	0	0	0	3
Total	0	0	0	1	75	67	29	11	5	4	192

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

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Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	816,835	182,923	21,511,408	22,511,166
2025	2,054,502	390,083	21,251,412	23,695,997
2026	2,852,274	538,050	20,961,449	24,351,773
2027	3,553,501	720,135	20,629,445	24,903,081
2028	4,156,497	944,103	20,272,067	25,372,667
2029	4,626,486	1,251,734	19,876,887	25,755,107
2030	5,000,200	1,454,360	19,432,507	25,887,067
2031	5,365,625	1,641,568	18,945,214	25,952,407
2032	5,741,524	1,827,111	18,426,760	25,995,395
2033	6,083,836	1,907,776	17,859,563	25,851,175
2034	6,371,922	1,949,906	17,253,992	25,575,820
2035	6,632,199	2,057,111	16,625,554	25,314,864
2036	6,851,075	2,149,938	15,965,917	24,966,930
2037	7,020,853	2,185,322	15,278,053	24,484,228
2038	7,158,921	2,209,100	14,565,116	23,933,137
2039	7,265,247	2,254,535	13,830,468	23,350,250
2040	7,341,297	2,322,411	13,077,685	22,741,393
2041	7,364,356	2,338,131	12,310,511	22,012,998
2042	7,361,330	2,338,839	11,532,891	21,233,060
2043	7,332,206	2,328,990	10,748,951	20,410,147
2044	7,242,601	2,317,444	9,963,037	19,523,082
2045	7,128,508	2,297,629	9,179,890	18,606,027
2046	6,983,271	2,258,596	8,404,617	17,646,484
2047	6,802,980	2,214,791	7,642,732	16,660,503
2048	6,593,435	2,165,827	6,900,078	15,659,340
2049	6,358,387	2,111,344	6,182,486	14,652,217
2050	6,103,461	2,051,031	5,495,673	13,650,165
2051	5,829,103	1,984,654	4,844,957	12,658,714
2052	5,538,196	1,912,072	4,234,997	11,685,265

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2053	5,236,135	1,833,272	3,669,660	10,739,067
2054	4,926,709	1,748,431	3,151,844	9,826,984
2055	4,612,745	1,657,908	2,683,403	8,954,056
2056	4,297,129	1,562,254	2,265,078	8,124,461
2057	3,982,641	1,462,235	1,896,429	7,341,305
2058	3,671,881	1,358,825	1,575,865	6,606,571
2059	3,367,215	1,253,199	1,300,813	5,921,227
2060	3,070,770	1,146,692	1,067,903	5,285,365
2061	2,784,374	1,040,759	873,160	4,698,293
2062	2,509,620	936,840	712,267	4,158,727
2063	2,247,921	836,291	580,820	3,665,032
2064	2,000,434	740,309	474,518	3,215,261
2065	1,768,123	649,879	389,317	2,807,319
2066	1,551,714	565,739	321,528	2,438,981
2067	1,351,709	488,341	267,871	2,107,921
2068	1,168,393	417,933	225,505	1,811,831
2069	1,001,825	354,540	192,041	1,548,406
2070	851,848	298,043	165,503	1,315,394
2071	718,029	248,196	144,288	1,110,513
2072	599,788	204,660	127,129	931,577
2073	496,298	167,027	113,042	776,367

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(5,671,117)	15.00000	(5,671,117)	(518,317)
2. Shortfall	01/01/2023	23,448,060	14.00000	22,405,073	2,147,390
Total				16,733,956	1,629,073

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	ONEOK
EIN/PN	73-1520922/001
Plan Name	ONEOK, Inc. Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Jesus Flores-Komiyama
Enrollment Number	23-07909

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
50	0.025	1,000	1.000000	0.025000	1.250000
51	0.025	975	0.975000	0.024375	1.243125
52	0.025	951	0.950625	0.023766	1.235813
53	0.025	927	0.926859	0.023171	1.228089
54	0.025	904	0.903688	0.022592	1.219979
55	0.040	881	0.881096	0.035244	1.938411
56	0.050	846	0.845852	0.042293	2.368385
57	0.050	804	0.803559	0.040178	2.290144
58	0.050	763	0.763381	0.038169	2.213806
59	0.070	725	0.725212	0.050765	2.995127
60	0.080	674	0.674447	0.053956	3.237347
61	0.110	620	0.620492	0.068254	4.163499
62	0.110	552	0.552238	0.060746	3.766260
63	0.135	491	0.491491	0.066351	4.180134
64	0.100	425	0.425140	0.042514	2.720896
65	0.300	383	0.382626	0.114788	7.461208
66	0.500	268	0.267838	0.133919	8.838662
67	1.000	134	0.133919	0.133919	8.972581
Average age at retirement					61.323464
Rounded for Schedule SB item 22					61

Plan Name: ONEOK, Inc. Retirement Plan
 EIN / PN: 73-1520922/001
 Plan Sponsor: ONEOK
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	816,835	182,923	21,511,408	22,511,166
2025	2,054,502	390,083	21,251,412	23,695,997
2026	2,852,274	538,050	20,961,449	24,351,773
2027	3,553,501	720,135	20,629,445	24,903,081
2028	4,156,497	944,103	20,272,067	25,372,667
2029	4,626,486	1,251,734	19,876,887	25,755,107
2030	5,000,200	1,454,360	19,432,507	25,887,067
2031	5,365,625	1,641,568	18,945,214	25,952,407
2032	5,741,524	1,827,111	18,426,760	25,995,395
2033	6,083,836	1,907,776	17,859,563	25,851,175
2034	6,371,922	1,949,906	17,253,992	25,575,820
2035	6,632,199	2,057,111	16,625,554	25,314,864
2036	6,851,075	2,149,938	15,965,917	24,966,930
2037	7,020,853	2,185,322	15,278,053	24,484,228
2038	7,158,921	2,209,100	14,565,116	23,933,137
2039	7,265,247	2,254,535	13,830,468	23,350,250
2040	7,341,297	2,322,411	13,077,685	22,741,393
2041	7,364,356	2,338,131	12,310,511	22,012,998
2042	7,361,330	2,338,839	11,532,891	21,233,060
2043	7,332,206	2,328,990	10,748,951	20,410,147
2044	7,242,601	2,317,444	9,963,037	19,523,082
2045	7,128,508	2,297,629	9,179,890	18,606,027
2046	6,983,271	2,258,596	8,404,617	17,646,484
2047	6,802,980	2,214,791	7,642,732	16,660,503
2048	6,593,435	2,165,827	6,900,078	15,659,340
2049	6,358,387	2,111,344	6,182,486	14,652,217
2050	6,103,461	2,051,031	5,495,673	13,650,165
2051	5,829,103	1,984,654	4,844,957	12,658,714
2052	5,538,196	1,912,072	4,234,997	11,685,265

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2053	5,236,135	1,833,272	3,669,660	10,739,067
2054	4,926,709	1,748,431	3,151,844	9,826,984
2055	4,612,745	1,657,908	2,683,403	8,954,056
2056	4,297,129	1,562,254	2,265,078	8,124,461
2057	3,982,641	1,462,235	1,896,429	7,341,305
2058	3,671,881	1,358,825	1,575,865	6,606,571
2059	3,367,215	1,253,199	1,300,813	5,921,227
2060	3,070,770	1,146,692	1,067,903	5,285,365
2061	2,784,374	1,040,759	873,160	4,698,293
2062	2,509,620	936,840	712,267	4,158,727
2063	2,247,921	836,291	580,820	3,665,032
2064	2,000,434	740,309	474,518	3,215,261
2065	1,768,123	649,879	389,317	2,807,319
2066	1,551,714	565,739	321,528	2,438,981
2067	1,351,709	488,341	267,871	2,107,921
2068	1,168,393	417,933	225,505	1,811,831
2069	1,001,825	354,540	192,041	1,548,406
2070	851,848	298,043	165,503	1,315,394
2071	718,029	248,196	144,288	1,110,513
2072	599,788	204,660	127,129	931,577
2073	496,298	167,027	113,042	776,367

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective March 1, 1941 and was restated January 1, 2008. The latest amendment reflected herein was effective January 1, 2014.

Plan Sponsor	ONEOK, Inc.
Plan	ONEOK, Inc. Retirement Plan
Plan Year	The twelve-month period ending December 31.
Covered employees	Any employee of ONEOK, Inc., and its wholly owned subsidiaries, which have adopted this plan, except the following: (i) members of the Board of Directors who are not officers of ONEOK, Inc.; (ii) independent contractors; and (iii) leased employees. The plan is currently closed to new entrants.
Participation date	Date of becoming a covered employee.

Definitions

Credited Service	A full year of credited service accrues upon completion of 1,000 hours in any plan year after employment date and prior to retirement, death, or termination. If less than 1,000 hours is worked in the initial employment year and/or the year the employee ceases to be employed, credited service is determined on a pro rata basis using completed months. Employees with benefits grandfathered using prior plan features will have credited service for the prior plan benefit formula based on the definition of credited service in the prior plan.
Vesting service	A full year of vesting service accrues upon completion of 1,000 hours in any plan year after employment date.
Final Average Compensation/Salary	Highest average monthly amount during the 60 consecutive calendar months of employment during the 120-month period ending on the date the employee ceases to be employed.

Plan Name:	ONEOK, Inc. Retirement Plan
EIN / PN:	73-1520922/001
Plan Sponsor:	ONEOK
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65
Normal Retirement Benefit	Calculated using the accrued benefit formula based on final average earnings and credited service at normal retirement date, payable immediately.
Accrued Benefit	Benefits are determined based on the following formula: 1.42% of final average earnings multiplied by credited service up to 35 years, PLUS 0.48% of final average earnings in excess of covered compensation multiplied by credited service up to 35 years. Participants as of December 31, 1998 who are at least age 65 or who were at least age 55 with at least 5 years of vesting service are "grandfathered" in the benefits determined by treating all pertinent provisions of the prior ONEOK, Inc. or prior KGS plans as having continued to actual retirement date and will receive the greater of the two benefits. Accrued benefits as of December 31, 2004 are minimum benefits.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 50 and completing at least five years of vesting service
Late retirement	Calculated for employees who continue to work beyond age 65 and then retire.
Vested Benefits Upon Termination of Service	Calculated for terminations after the completion of at least five years of vesting service
Disability	Disability payments will be made if an employee becomes totally disabled and is vested in any plan benefit.
Death Benefits for Participants in Active Service	Death with eligible spouse after completing vesting requirements or death after attainment of age 55. Temporary death benefits are payable to dependent children, if applicable, if a vested employee dies without a surviving spouse.

Plan Name:	ONEOK, Inc. Retirement Plan
EIN / PN:	73-1520922/001
Plan Sponsor:	ONEOK
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement The monthly pension benefit determined as of NRD

Early retirement Calculated using the accrued benefit formula based on final average earnings and credited service at early retirement date, payable at normal retirement date. The benefit may commence earlier, but will be reduced according to the following factors:

Age	Factor
64	100%
63	100%
62	100%
61	97.5%
60	95.0%
59	90.0%
58	85.0%
57	79.0%
56	73.0%
55	66.0%
54	59.0%
53	51.0%
52	43.0%
51	34.0%
50	25.0%

Plan Name: ONEOK, Inc. Retirement Plan
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Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Late retirement

Calculated using the accrued benefit formula based on the final average earnings and credited service at postponed retirement date. In no event will this benefit be less than the benefit at normal retirement date increased actuarially for late retirement.

Vested Benefits Upon Termination of Service

Calculated using the accrued benefit formula based on final average earnings and credited service at date of termination. The benefit may be paid prior to normal retirement date, but will be reduced according to the following factors:

Age	Rate
64	100%
63	100%
62	100%
61	97.5%
60	95.0%
59	90.0%
58	85.0%
57	79.0%
56	73.0%
55	66.0%
54	59.0%
53	51.0%
52	43.0%
51	34.0%
50	25.0%

Disability

Employees continue to receive additional vesting service during periods of LTD, but receive no additional credited service for benefit accrual during LTD periods after December 31, 1998. Benefits are calculated using the accrued benefit formula based on final average earnings at the date of disability and credited service as determined above.

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

55% of the participant's accrued benefit at date of death, payable the first day of the month coinciding with or next following the date the participant dies. In no event will this benefit be less than the qualified joint and survivor benefit that would have otherwise been payable to a participant eligible for early retirement.

The benefit, if death occurs after the participant's earliest retirement date, is the amount the spouse would have received had the participant retired with a 50% joint and survivor annuity on the day before he died. Otherwise, the benefit is the amount the spouse would have received had the participant terminated on the date of death, survived to his earliest retirement age, retired on that day with a 50% joint and survivor annuity, and died the next day.

Other Plan Provisions

Forms of payment

Optional forms include joint and survivor, life with period certain (5 or 10 years), or level income option. All optional forms of annuity are actuarially equivalent to the single life annuity amount. If the present value of a participant's vested accrued benefit is \$5,000 or less, the plan will pay the accrued benefit as a lump sum.

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial Equivalence

Participants eligible to participate in the prior ONEOK, Inc. plan prior to January 1, 1999 with termination date prior to March 1, 1994: interest rate of 6.0% and mortality rates based on a 83% / 17% blend of the 1951 Group Annuity Mortality Table with ages set back one year and the same table with ages set back six years, respectively.

Participants eligible to participate in the prior KGS Retirement Plan prior to January 1, 1999: interest rate of 8.0% and mortality tables based on the 1983 Group Annuity Mortality Table for males, with ages set back one year.

All other participants: interest rate of 8.5%. Mortality rates for employees: based on a 70% / 30% blend of the 1983 Group Annuity Mortality Table for males and females, respectively. Mortality rates for spouses and joint annuitants: 30% / 70% blend of the 1983 Group Annuity Mortality Table for males and females, respectively.

Pension Increases

The adjustment is based on the Consumer Price Index, but limited to an adjustment of 3% per year of the base amount. Benefits earned after March 31, 1995, are not eligible to receive COLAs if the participant terminates before reaching a retirement age under the plan. Benefits earned after December 31, 1998, are not eligible to receive COLAs except for those participants "grandfathered" in the former ONEOK, Inc. plan. Those "grandfathered" participants continue to receive COLA adjustments to their total benefit at retirement regardless of the benefit formula that provides the largest benefit, just as in the prior ONEOK, Inc. plan.

Plan participants' contributions None

Changes in Plan Provision since Last Actuarial Valuation

No plan provisions have changed since the prior year, except to reflect any current year changes in the Internal Revenue Code maximums or benefits.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK
Valuation Date: January 1, 2024

ONEOK, INC. RETIREMENT PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN 73-1520922 PN 001

December 31, 2024

(a) *	(b) Identity of Issuer or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Equity securities				
	MPM HOLDINGS INC	905.000 Shares	\$ 49,262	\$ 29,413
Common/collective trusts				
*	AON NON-US EQUITY INDEX	Equity securities	\$ 14,665,668	18,854,918
*	AON LARGE CAP EQUITY INDEX	Equity securities	\$ 15,659,922	29,116,596
*	AON SMALL CAP EQUITY INDEX	Equity securities	\$ 3,273,488	5,126,283
*	AON GLOBAL EQUITY CL I	Equity securities	\$ 27,564,801	54,024,343
*	AON CORE REAL ESTATE	Real estate funds	\$ 10,054,451	13,054,916
*	AON GLOBAL REAL ESTATE CL I	Real estate funds	\$ 4,006,399	4,475,355
*	AON US LONG GOVERNMENT INDEX	Government obligations	\$ 95,635	82,080
*	AON US INTERMEDIATE GOVERNMENT	Government obligations	\$ 695,638	699,677
*	AON 20+ YR US TREASURY STRIPS	Government obligations	\$ 129,330	80,217
	NISA ULTRA MID TREASURY CIF	Government obligations	\$ 16,253,253	14,159,532
	NISA ULTRA LONG TREASURY CIF	Government obligations	\$ 40,812,825	35,462,019
*	AON HIGH YIELD PLUS CL I	Corporate obligations	\$ 3,427,953	3,745,596
*	AON LONG CR BD	Corporate obligations	\$ 102,177,415	92,397,648
*	AON MULTI ASSET CREDIT FUND	Corporate obligations	\$ 18,347,726	22,202,359
*	AON INTERMEDIATE CR BD	Corporate obligations	\$ 92,080	95,905
*	EB TEMP INV FUND 12/49 1.147	Short term investments	\$ 4,499,565	4,499,565
Other investments				
*	AON DIVERSIFYING ALTERNATIVES	3,731.456 Units	\$ 4,593,398	5,789,922
*	AON RETURN ENHANCING ALTERNATIVES	16,459.065 Units	\$ 16,459,065	23,064,887
			Total Investments	\$ 326,961,231

*Party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(5,671,117)	15.00000	(5,671,117)	(518,317)
2. Shortfall	01/01/2023	23,448,060	14.00000	22,405,073	2,147,390
Total				16,733,956	1,629,073

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
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Valuation Date: January 1, 2024