Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
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.	10/12/2026	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**	1453
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	143
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	123
b	Retired or separated participants receiving benefits	**6b**	966
c	Other retired or separated participants entitled to future benefits	**6c**	150
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1239
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	188
f	Total. Add lines **6d** and **6e**.	**6f**	1427
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	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 Characteristic Codes in the instructions:

1A 3H

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	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

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

Receipt Confirmation Code_____

SCHEDULE 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

2025

This Form is Open to Public Inspection

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

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	335934819
b Actuarial value	**2b**	334838851

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	1161	268209425	268209425
b For terminated vested participants	167	23160083	23160083
c For active participants	143	72300219	72300219
d Total	1471	363669727	363669727

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3197746
b Expected plan-related expenses	**6b**	1530000
c Target normal cost	**6c**	4727746

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 — Date: 07/30/2026

JESUS A FLORES-KOMIYAMA — Type or print name of actuary

26-07909 — Most recent enrollment number

WILLIS TOWERS WATSON US LLC — Firm name

214-530-4200 — Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267

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 [ ]

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	4315807
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1877251
9	Amount remaining (line 7 minus line 8)	0	2438556
10	Interest on line 9 using prior year's actual return of 3.35 %	0	81692
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		8514849
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 5.18 %		343828
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		62888
c	Total available at beginning of current plan year to add to prefunding balance		8921565
d	Portion of (c) to be added to prefunding balance		8921565
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	11441813

Part III Funding Percentages

14	Funding target attainment percentage	14	88.92 %
15	Adjusted funding target attainment percentage	15	88.92 %
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	95.43 %
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
04/09/2026	5600000	0			
			Totals ► 18(b)	5600000	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	5241997

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ 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**	4727746
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	40272689	3921831
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**	8649577

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	8649577	8649577

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5241997

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	5241997
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	5241997
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

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

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

A Name of plan
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)

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 15	NONE	473206	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	406272	Yes [ ] No [X]	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	93733	Yes [ ] No [X]	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	35700	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

2025

This Form is Open to Public Inspection.

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

A Name of plan
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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-023	C	5551865

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-044	C	19291300

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-046	C	26619182

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-045	C	4746524

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-004	C	51921393

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-037	C	13644402

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-006	C	3008213

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) 87876124

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) 23624999

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) 81049

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) 14498001

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) 1134217

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) 1602270

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) 15352208

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) 35440412

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) 16913778

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
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)	9000000	5600000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	18000	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)	29000	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)	298078000	321306000
(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)	28854000	27721000

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	335979000	354674000
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	164000	255000
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	164000	255000
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	335815000	354419000

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)	5600000	
(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)		5600000
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)	2575000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2518000	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		57000
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1384000	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1384000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		37599000
(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		44640000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23832000	
(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)		23832000
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)	330000	
(4) IQPA audit fees	2i(4)	35000	
(5) Investment advisory and investment management fees	2i(5)	406000	
(6) Bank or trust company trustee/custodial fees	2i(6)	94000	
(7) Actuarial fees	2i(7)	143000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1196000	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2204000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		26036000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		18604000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583453.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
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** 2

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 29.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 49.0 %
High-Yield Debt: 7.0 % Real Assets: 5.0 % Cash or Cash Equivalents: 2.0 % Other: 8.0 %

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, 2025 and 2024

ONEOK, INC. RETIREMENT PLAN

December 31, 2025 and 2024

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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.

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Independent Auditor's Report

ONEOK, L.L.C. 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 of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the 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, 2025 and 2024, and for the year ended December 31, 2025, 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 8, 2026

Federal Employer Identification Number: 44-0160260

ONEOK, INC. RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

(*In thousands*)

	2025	2024
Assets		
Investments, at fair value (Note 6)	**$ 349,056**	$ 326,961
Employer contributions receivable (Note 3)	**5,600**	9,000
Investment income receivable	**18**	18
Total assets	**354,674**	335,979
Liabilities		
Accrued commissions and fees	**(255)**	(164)
Net assets available for benefits	**$ 354,419**	$ 335,815

See accompanying Notes to Financial Statements.

ONEOK, INC. RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

(*In thousands*)

Investment income:		
Net appreciation in fair value of investments	**$**	**38,792**
Interest		**248**
Total investment income		**39,040**
Employer contributions (Note 3)		**5,600**
Benefits paid and other:		
Benefits paid		**(23,832)**
Commissions and administrative fees		**(2,204)**
Total benefits paid and other		**(26,036)**
Net increase in net assets available for benefits		**18,604**
Net assets available for benefits, beginning of period		**335,815**
Net assets available for benefits, end of period	**$**	**354,419**

See accompanying Notes to Financial Statements.

ONEOK, INC. RETIREMENT PLAN

Statements of Accumulated Plan Benefits

December 31, 2025 and 2024

(*In thousands*)

	2025	2024
Actuarial present value of accumulated plan benefits		
Retired and terminated participants receiving benefits	**$ 240,133**	$ 244,261
Active and terminated participants not presently receiving benefits	**71,683**	81,633
Total actuarial present value of accumulated plan benefits	**$ 311,816**	$ 325,894

See accompanying Notes to Financial Statements.

ONEOK, INC. RETIREMENT PLAN

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2025

(*In thousands*)

Actuarial present value of accumulated plan benefits at beginning of period	**$**	**325,894**
Increase (decrease) during the year attributable to:		
Benefits accumulated		**3,830**
Increase for interest due to decrease in discount period		**20,421**
Benefits paid to participants		**(23,832)**
Change in actuarial assumptions		**(14,497)**
Net decrease		**(14,078)**
Actuarial present value of accumulated plan benefits at end of period	**$**	**311,816**

See accompanying Notes to Financial Statements.

(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, 2025 and 2024. 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 (PPA). 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, 2025 and 2024, were:

	2025	**2024**
Assumed rate of return	**7.00%**	6.50%
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, 2025.

(h) Subsequent Events

Subsequent events have been evaluated through October 8, 2026, which is the day the financial statements were available to be issued.

Beginning in 2026, the Plan's actuary is Deloitte Consulting LLP and the Plan's investments are managed by CapFinancial Partners, LLC.

Effective September 10, 2026, the sponsor of the Plan changed to ONEOK, L.L.C and the Plan Administrator changed to the ONEOK, L.L.C. Benefit Plan Administration Committee. The change did not affect participants' benefits.

(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 2025 and 2024. 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 2024 and 2025. We contributed $5.6 million to the Plan in April 2026 related to the 2025 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 2025, that ceiling, which is adjusted periodically, is $7,432 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:

Investments at fair value and investment income receivables as shown in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024.

Investment income as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025.

Schedule H; line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

(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, 2025					
	Level 1	**Level 2**	**Level 3**	**Subtotal**	**Measured at NAV (d)**	**Total**
	(In thousands)					
Equity securities	**$ 29**	**$ —**	**$ —**	**$ 29**	**$ —**	**$ 29**
Common/collective trusts (e)						
Equity securities (a)	**—**	**—**	**—**	**—**	**102,578**	**102,578**
Real estate funds	**—**	**—**	**—**	**—**	**16,653**	**16,653**
Government obligations	**—**	**—**	**—**	**—**	**66,506**	**66,506**
Corporate obligations (b)	**—**	**—**	**—**	**—**	**130,017**	**130,017**
Short-term investments	**—**	**—**	**—**	**—**	**5,552**	**5,552**
Other investments (c)(e)	**—**	**—**	**—**	**—**	**27,721**	**27,721**
Total investments, at fair value	**$ 29**	**$ —**	**$ —**	**$ 29**	**$ 349,027**	**$ 349,056**

(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 were 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 funds of $293 million. See Note 8.

	December 31, 2024					
	Level 1	**Level 2**	**Level 3**	**Subtotal**	**Measured at NAV (d)**	**Total**
	(In thousands)					
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.

(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, 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 recordkeeper and actuary. 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. Beginning in 2026, the Plan's actuary is Deloitte Consulting LLP and the Plan's investments are managed by CapFinancial Partners, LLC. 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, 2025

(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	$	11,407,804		19,291,300
*	AON LARGE CAP EQUITY INDEX	Equity securities	$	13,001,853		26,619,182
*	AON SMALL CAP EQUITY INDEX	Equity securities	$	2,807,436		4,746,524
*	AON GLOBAL EQUITY CL I	Equity securities	$	22,823,068		51,921,393
*	AON CORE REAL ESTATE	Real estate funds	$	10,054,451		13,644,402
*	AON GLOBAL REAL ESTATE CL I	Real estate funds	$	2,471,428		3,008,213
*	AON US LONG GOVERNMENT INDEX	Government obligations	$	1,077,608		1,134,217
*	AON US INTERMEDIATE GOVERNMENT	Government obligations	$	13,720,261		14,498,001
*	AON 20+ YR US TREASURY STRIPS	Government obligations	$	129,330		81,049
	NISA ULTRA MID TREASURY CIF	Government obligations	$	14,141,133		15,352,208
	NISA ULTRA LONG TREASURY CIF	Government obligations	$	37,607,720		35,440,412
*	AON HIGH YIELD PLUS CL I	Corporate obligations	$	1,351,001		1,602,270
*	AON LONG CR BD	Corporate obligations	$	89,324,038		87,876,124
*	AON MULTI ASSET CREDIT FUND	Corporate obligations	$	18,020,583		23,624,999
*	AON INTERMEDIATE CR BD	Corporate obligations	$	16,592,080		16,913,778
*	EB TEMP INV FUND 12/49 1.147	Short-term investments	$	5,551,865		5,551,865
Other investments						
*	AON DIVERSIFYING ALTERNATIVES	3,367.814 Units	$	4,145,756		5,575,568
*	AON RETURN ENHANCING ALTERNATIVES	15,096.085 Units	$	15,096,085		22,145,083
				Total Investments	**$**	**349,056,001**

*Party-in-interest

ONEOK, INC. RETIREMENT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN 73-1520922 PN 001

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - Single transactions in excess of 5% of beginning Plan assets						
AON LONG CR BD*	Common/collective trusts- corporate obligations	$ —	$ 18,000,000	$ 19,881,752	$ 18,000,000	$ (1,881,752)
Category (iii) - Series of transactions in excess of 5% of beginning Plan assets						
AON GLOBAL EQUITY CL I*	Common/collective trusts- equity securities	$ 2,300,000	$ —	$ 2,300,000	$ 2,300,000	$ —
AON US LONG GOVERNMENT INDEX*	Common/collective trusts- government obligations	$ 12,000,000	$ —	$ 12,000,000	$ 12,000,000	$ —
AON LONG CR BD*	Common/collective trusts- corporate obligations	$ 15,000,000	$ —	$ 15,000,000	$ 15,000,000	$ —
EB TEMP INV FUND 12/49 1.147*	Common/collective trusts- short-term investments	$ 45,507,210	$ —	$ 45,507,210	$ 45,507,210	$ —
NISA ULTRA MID TREASURY CIF	Common/collective trusts- government obligations	$ 7,600,000	$ —	$ 7,600,000	$ 7,600,000	$ —
NISA ULTRA LONG TREASURY CIF	Common/collective trusts- government obligations	$ 8,200,000	$ —	$ 8,200,000	$ 8,200,000	$ —
AON GLOBAL EQUITY CL I*	Common/collective trusts- equity securities	$ —	$ 14,500,000	$ 7,041,732	$ 14,500,000	$ 7,458,268
AON US LONG GOVERNMENT INDEX*	Common/collective trusts-government obligations	$ —	$ 11,750,000	$ 11,018,026	$ 11,750,000	$ 731,974
AON LONG CR BD*	Common/collective trusts- corporate obligations	$ —	$ 25,750,000	$ 27,853,377	$ 25,750,000	$ (2,103,377)
EB TEMP INV FUND 12/49 1.147*	Common/collective trusts- short-term investments	$ —	$ 44,454,909	$ 44,454,909	$ 44,454,909	$ —
NISA ULTRA MID TREASURY CIF	Common/collective trusts- government obligations	$ —	$ 10,000,000	$ 9,712,120	$ 10,000,000	$ 287,880
NISA ULTRA LONG TREASURY CIF	Common/collective trusts- government obligations	$ —	$ 10,325,000	$ 11,405,105	$ 10,325,000	$ (1,080,105)

*Party-in-interest

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2025.
Columns (e) and (f) are not applicable.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
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	0	0	0	0	0	0	0
40-44	0	0	0	0	1	7	0	0	0	0	8
45-49	0	0	0	1	6	8	1	0	0	0	16
50-54	0	0	0	1	10	9	9	1	0	0	30
55-59	0	0	0	0	9	13	11	2	2	0	37
60-64	0	0	0	0	9	9	9	2	2	0	31
65-69	0	0	0	0	7	5	4	0	1	1	18
70 & over	0	0	0	0	0	1	2	0	0	0	3
Total	0	0	0	2	42	52	36	5	5	1	143

[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, Inc.
Valuation Date: January 1, 2025

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	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.33%	5.30%

Annual rates of increase

- Compensation/Salary Increases: An age-based salary scale is used, averaging 3.70% 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%
- Statutory limits on compensation: 3.00% in 2025, grading to an ultimate rate of 2.50% in 2026

SCHEDULE SB ATTACHMENTS

- Assumed pension increases
  - Retirees — Graded scale starting at 3.00% in 2025-2028, to a long-term rate of 2.50% in 2029
  - 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 2025, the plan-related expenses added to target normal cost are $1,530,000.

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).

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%

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.

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.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. 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.

ONEOK, INC. RETIREMENT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN 73-1520922 PN 001

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - Single transactions in excess of 5% of beginning Plan assets						
AON LONG CR BD*	Common/collective trusts- corporate obligations	$ —	$ 18,000,000	$ 19,881,752	$ 18,000,000	$ (1,881,752)
Category (iii) - Series of transactions in excess of 5% of beginning Plan assets						
AON GLOBAL EQUITY CL I*	Common/collective trusts- equity securities	$ 2,300,000	$ —	$ 2,300,000	$ 2,300,000	$ —
AON US LONG GOVERNMENT INDEX*	Common/collective trusts- government obligations	$ 12,000,000	$ —	$ 12,000,000	$ 12,000,000	$ —
AON LONG CR BD*	Common/collective trusts- corporate obligations	$ 15,000,000	$ —	$ 15,000,000	$ 15,000,000	$ —
EB TEMP INV FUND 12/49 1.147*	Common/collective trusts- short-term investments	$ 45,507,210	$ —	$ 45,507,210	$ 45,507,210	$ —
NISA ULTRA MID TREASURY CIF	Common/collective trusts- government obligations	$ 7,600,000	$ —	$ 7,600,000	$ 7,600,000	$ —
NISA ULTRA LONG TREASURY CIF	Common/collective trusts- government obligations	$ 8,200,000	$ —	$ 8,200,000	$ 8,200,000	$ —
AON GLOBAL EQUITY CL I*	Common/collective trusts- equity securities	$ —	$ 14,500,000	$ 7,041,732	$ 14,500,000	$ 7,458,268
AON US LONG GOVERNMENT INDEX*	Common/collective trusts-government obligations	$ —	$ 11,750,000	$ 11,018,026	$ 11,750,000	$ 731,974
AON LONG CR BD*	Common/collective trusts- corporate obligations	$ —	$ 25,750,000	$ 27,853,377	$ 25,750,000	$ (2,103,377)
EB TEMP INV FUND 12/49 1.147*	Common/collective trusts- short-term investments	$ —	$ 44,454,909	$ 44,454,909	$ 44,454,909	$ —
NISA ULTRA MID TREASURY CIF	Common/collective trusts- government obligations	$ —	$ 10,000,000	$ 9,712,120	$ 10,000,000	$ 287,880
NISA ULTRA LONG TREASURY CIF	Common/collective trusts- government obligations	$ —	$ 10,325,000	$ 11,405,105	$ 10,325,000	$ (1,080,105)

*Party-in-interest

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2025.
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

2025

This Form is Open to Public Inspection

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

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	335,934,819
b Actuarial value	**2b**	334,838,851

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	1,161	268,209,425	268,209,425
b For terminated vested participants	167	23,160,083	23,160,083
c For active participants	143	72,300,219	72,300,219
d Total	1,471	363,669,727	363,669,727

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**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3,197,746
b Expected plan-related expenses	**6b**	1,530,000
c Target normal cost	**6c**	4,727,746

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 JF
Signature of actuary

7/30/2026
Date

Jesus A Flores-Komiyama
Type or print name of actuary

2607909
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

214-530-4200
Telephone number (including area code)

PO Box 674401
Houston TX 77267
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 [ ]

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	4,315,807
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,877,251
9	Amount remaining (line 7 minus line 8)	0	2,438,556
10	Interest on line 9 using prior year's actual return of 3.35%	0	81,692
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		8,514,849
	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 5.18%		343,828
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		62,888
	c Total available at beginning of current plan year to add to prefunding balance		8,921,565
	d Portion of (c) to be added to prefunding balance		8,921,565
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	11,441,813

Part III Funding Percentages

14	Funding target attainment percentage	14	88.92 %
15	Adjusted funding target attainment percentage	15	88.92 %
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	95.43 %
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
04/09/2026	5,600,000	0			
			Totals ► 18(b)	5,600,000	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	5,241,997
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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.00 %	5.27 %	5.50%	☐ 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**	4,727,746
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	40,272,689	3,921,831
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**	8,649,577

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	8,649,577	8,649,577

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5,241,997
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	5,241,997
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	5,241,997
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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

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	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
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, Inc.
Valuation Date: January 1, 2025

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	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.33%	5.30%

Annual rates of increase

- Compensation/Salary Increases: An age-based salary scale is used, averaging 3.70% 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%
- Statutory limits on compensation: 3.00% in 2025, grading to an ultimate rate of 2.50% in 2026

SCHEDULE SB ATTACHMENTS

- Assumed pension increases
  - Retirees — Graded scale starting at 3.00% in 2025-2028, to a long-term rate of 2.50% in 2029
  - 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 2025, the plan-related expenses added to target normal cost are $1,530,000.

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).

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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.

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.

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Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. 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.

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.

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.

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%

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.

SCHEDULE SB ATTACHMENTS

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.

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.
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.

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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.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The annual rates of increase in prices changed from 3.00% in 2024 and a long-term rate of 2.50% in 2025, to 3.00% in 2025 and a long-term rate of 2.50% in 2026.

The annual rates of increase in retiree benefits changed from 3.00% in 2024 to a long-term rate of 2.50% in 2025, to 3.00% in 2025 – 2028 to a long-term rate of 2.50% in 2029.

Plan Name:	ONEOK, Inc. Retirement Plan
EIN / PN:	73-1520922/001
Plan Sponsor:	ONEOK, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
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	0	0	0	0	0	0	0
40-44	0	0	0	0	1	7	0	0	0	0	8
45-49	0	0	0	1	6	8	1	0	0	0	16
50-54	0	0	0	1	10	9	9	1	0	0	30
55-59	0	0	0	0	9	13	11	2	2	0	37
60-64	0	0	0	0	9	9	9	2	2	0	31
65-69	0	0	0	0	7	5	4	0	1	1	18
70 & over	0	0	0	0	0	1	2	0	0	0	3
Total	0	0	0	2	42	52	36	5	5	1	143

[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, Inc.
Valuation Date: January 1, 2025

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
2025	625,061	121,486	23,476,318	24,222,865
2026	1,571,726	350,429	23,210,774	25,132,929
2027	2,166,069	507,009	22,864,904	25,537,982
2028	2,715,107	671,784	22,480,769	25,867,660
2029	3,181,951	945,510	22,056,522	26,183,983
2030	3,549,574	1,139,066	21,592,452	26,281,092
2031	3,901,329	1,268,807	21,077,875	26,248,011
2032	4,270,504	1,419,423	20,530,745	26,220,672
2033	4,630,013	1,499,155	19,942,299	26,071,467
2034	4,958,966	1,556,299	19,299,952	25,815,217
2035	5,273,540	1,684,499	18,629,318	25,587,357
2036	5,549,740	1,782,854	17,938,224	25,270,818
2037	5,767,022	1,818,328	17,216,490	24,801,840
2038	5,945,718	1,842,599	16,467,041	24,255,358
2039	6,091,871	1,910,303	15,693,021	23,695,195
2040	6,213,681	2,000,864	14,897,809	23,112,354
2041	6,291,024	2,018,478	14,084,976	22,394,478
2042	6,330,454	2,062,899	13,258,294	21,651,647
2043	6,342,913	2,097,273	12,421,699	20,861,885
2044	6,304,044	2,089,476	11,579,319	19,972,839
2045	6,239,156	2,074,255	10,735,655	19,049,066
2046	6,144,265	2,040,738	9,895,593	18,080,596
2047	6,018,110	2,003,451	9,064,486	17,086,047
2048	5,867,830	1,962,081	8,248,138	16,078,049
2049	5,697,062	1,916,330	7,452,503	15,065,895
2050	5,506,880	1,865,937	6,683,628	14,056,445
2051	5,297,002	1,810,692	5,947,423	13,055,117

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2052	5,069,715	1,750,456	5,249,393	12,069,564
2053	4,830,011	1,685,166	4,594,491	11,109,668
2054	4,580,921	1,614,881	3,986,841	10,182,643
2055	4,324,316	1,539,803	3,429,612	9,293,731
2056	4,062,227	1,460,278	2,924,895	8,447,400
2057	3,796,694	1,376,825	2,473,541	7,647,060
2058	3,529,715	1,290,141	2,075,111	6,894,967
2059	3,263,245	1,201,111	1,727,964	6,192,320
2060	2,999,179	1,110,782	1,429,399	5,539,360
2061	2,739,367	1,020,280	1,175,849	4,935,496
2062	2,485,618	930,711	963,132	4,379,461
2063	2,239,749	843,106	786,725	3,869,580
2064	2,003,493	758,380	641,999	3,403,872
2065	1,778,493	677,303	524,431	2,980,227
2066	1,566,227	600,473	429,761	2,596,461
2067	1,367,942	528,295	354,078	2,250,315
2068	1,184,624	461,045	293,904	1,939,573
2069	1,016,942	398,890	246,216	1,662,048
2070	865,249	341,928	208,452	1,415,629
2071	729,479	290,200	178,483	1,198,162
2072	609,305	243,690	154,570	1,007,565
2073	504,072	202,303	135,328	841,703
2074	412,914	165,900	119,668	698,482

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1.	Shortfall	01/01/2025	24,651,917	15.00000	24,651,917	2,292,758
2.	Shortfall	01/01/2024	(5,671,117)	14.00000	(5,320,446)	(518,317)
3.	Shortfall	01/01/2023	23,448,060	13.00000	20,941,218	2,147,390
Total					40,272,689	3,921,831

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK, Inc.
Valuation Date: January 1, 2025

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Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

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	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
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, Inc.
Valuation Date: January 1, 2025

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
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2026	1,571,726	350,429	23,210,774	25,132,929
2027	2,166,069	507,009	22,864,904	25,537,982
2028	2,715,107	671,784	22,480,769	25,867,660
2029	3,181,951	945,510	22,056,522	26,183,983
2030	3,549,574	1,139,066	21,592,452	26,281,092
2031	3,901,329	1,268,807	21,077,875	26,248,011
2032	4,270,504	1,419,423	20,530,745	26,220,672
2033	4,630,013	1,499,155	19,942,299	26,071,467
2034	4,958,966	1,556,299	19,299,952	25,815,217
2035	5,273,540	1,684,499	18,629,318	25,587,357
2036	5,549,740	1,782,854	17,938,224	25,270,818
2037	5,767,022	1,818,328	17,216,490	24,801,840
2038	5,945,718	1,842,599	16,467,041	24,255,358
2039	6,091,871	1,910,303	15,693,021	23,695,195
2040	6,213,681	2,000,864	14,897,809	23,112,354
2041	6,291,024	2,018,478	14,084,976	22,394,478
2042	6,330,454	2,062,899	13,258,294	21,651,647
2043	6,342,913	2,097,273	12,421,699	20,861,885
2044	6,304,044	2,089,476	11,579,319	19,972,839
2045	6,239,156	2,074,255	10,735,655	19,049,066
2046	6,144,265	2,040,738	9,895,593	18,080,596
2047	6,018,110	2,003,451	9,064,486	17,086,047
2048	5,867,830	1,962,081	8,248,138	16,078,049
2049	5,697,062	1,916,330	7,452,503	15,065,895
2050	5,506,880	1,865,937	6,683,628	14,056,445
2051	5,297,002	1,810,692	5,947,423	13,055,117

Plan Name: ONEOK, Inc. Retirement Plan
EIN / PN: 73-1520922/001
Plan Sponsor: ONEOK, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2052	5,069,715	1,750,456	5,249,393	12,069,564
2053	4,830,011	1,685,166	4,594,491	11,109,668
2054	4,580,921	1,614,881	3,986,841	10,182,643
2055	4,324,316	1,539,803	3,429,612	9,293,731
2056	4,062,227	1,460,278	2,924,895	8,447,400
2057	3,796,694	1,376,825	2,473,541	7,647,060
2058	3,529,715	1,290,141	2,075,111	6,894,967
2059	3,263,245	1,201,111	1,727,964	6,192,320
2060	2,999,179	1,110,782	1,429,399	5,539,360
2061	2,739,367	1,020,280	1,175,849	4,935,496
2062	2,485,618	930,711	963,132	4,379,461
2063	2,239,749	843,106	786,725	3,869,580
2064	2,003,493	758,380	641,999	3,403,872
2065	1,778,493	677,303	524,431	2,980,227
2066	1,566,227	600,473	429,761	2,596,461
2067	1,367,942	528,295	354,078	2,250,315
2068	1,184,624	461,045	293,904	1,939,573
2069	1,016,942	398,890	246,216	1,662,048
2070	865,249	341,928	208,452	1,415,629
2071	729,479	290,200	178,483	1,198,162
2072	609,305	243,690	154,570	1,007,565
2073	504,072	202,303	135,328	841,703
2074	412,914	165,900	119,668	698,482

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.

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.

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%

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.

SCHEDULE SB ATTACHMENTS

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.

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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.
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.

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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.

ONEOK, INC. RETIREMENT PLAN

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

EIN 73-1520922 PN 001

December 31, 2025

(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	$	11,407,804		19,291,300
*	AON LARGE CAP EQUITY INDEX	Equity securities	$	13,001,853		26,619,182
*	AON SMALL CAP EQUITY INDEX	Equity securities	$	2,807,436		4,746,524
*	AON GLOBAL EQUITY CL I	Equity securities	$	22,823,068		51,921,393
*	AON CORE REAL ESTATE	Real estate funds	$	10,054,451		13,644,402
*	AON GLOBAL REAL ESTATE CL I	Real estate funds	$	2,471,428		3,008,213
*	AON US LONG GOVERNMENT INDEX	Government obligations	$	1,077,608		1,134,217
*	AON US INTERMEDIATE GOVERNMENT	Government obligations	$	13,720,261		14,498,001
*	AON 20+ YR US TREASURY STRIPS	Government obligations	$	129,330		81,049
	NISA ULTRA MID TREASURY CIF	Government obligations	$	14,141,133		15,352,208
	NISA ULTRA LONG TREASURY CIF	Government obligations	$	37,607,720		35,440,412
*	AON HIGH YIELD PLUS CL I	Corporate obligations	$	1,351,001		1,602,270
*	AON LONG CR BD	Corporate obligations	$	89,324,038		87,876,124
*	AON MULTI ASSET CREDIT FUND	Corporate obligations	$	18,020,583		23,624,999
*	AON INTERMEDIATE CR BD	Corporate obligations	$	16,592,080		16,913,778
*	EB TEMP INV FUND 12/49 1.147	Short-term investments	$	5,551,865		5,551,865
Other investments						
*	AON DIVERSIFYING ALTERNATIVES	3,367.814 Units	$	4,145,756		5,575,568
*	AON RETURN ENHANCING ALTERNATIVES	15,096.085 Units	$	15,096,085		22,145,083
				Total Investments	**$**	**349,056,001**

*Party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1.	Shortfall	01/01/2025	24,651,917	15.00000	24,651,917	2,292,758
2.	Shortfall	01/01/2024	(5,671,117)	14.00000	(5,320,446)	(518,317)
3.	Shortfall	01/01/2023	23,448,060	13.00000	20,941,218	2,147,390
Total					40,272,689	3,921,831

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The annual rates of increase in prices changed from 3.00% in 2024 and a long-term rate of 2.50% in 2025, to 3.00% in 2025 and a long-term rate of 2.50% in 2026.

The annual rates of increase in retiree benefits changed from 3.00% in 2024 to a long-term rate of 2.50% in 2025, to 3.00% in 2025 – 2028 to a long-term rate of 2.50% in 2029.

Plan Name:	ONEOK, Inc. Retirement Plan
EIN / PN:	73-1520922/001
Plan Sponsor:	ONEOK, Inc.
Valuation Date:	January 1, 2025