## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMI EO I ER INFORMATION REI ORT (EEO-T COMI ONENT 1)													Expiration Date: 08/31/2024			
SECTION A - TYPE OF REPORT																
			С	ONSOL	IDATE	D REP	ORT									
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID	EMPLOYER NAME															
0681331	HR-OK PLAZA															
ADDRESS						CITY/TOWN						STATE ZIP CODE			DF	
100 W 5TH ST						TULSA						OK				
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT LEVEL INITIAL  HEADQUARTERS OR ESTABLISHMENT L																
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN						STATE ZIP CODE			DE	
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)																
	731520922 SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligib	ole to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile) 🔲 🛚	EMPL	OYER	NO LON	NGER I	N BUSI	INESS			
S	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)						
Unique Entity ID (UEI): Not Applicable																
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)																
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)																
☐ YES	YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
		□ Y	ES (Or	ne or Mo	re Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)				
SECTION G – NAICS INFORMATION																
486210 - Pipeline Transportation of Natural Gas																
SECTION H - WORKFORCE DEMOGRAPHIC DATA																
		Race/Ethnicity														
	Hisp			Not Hispanic or Latino  Male F								nalo				
	01 22	or Latino			141	iviale				Female				<del>                                     </del>		
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				a		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	_	
JOB CATEGORIES		a)		Black or African American		iiai	it a	æ		ri j		iial Sla	dia	Ra	Row	
	Male	Female	White	ck or Afric American	Asian	ات ات	E E	Je	White	Black or	Asian	wa Ic I	Na Na	ore	Total	
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Executive/Senior Level Officials and Managers	4	0	31		0	0	2	0	9		0	0	1	0	44	
First/Mid-Level Officials and Managers	1 18	8	438	0 12	5	0	22	10	126	7	3	0	4	6	44 659	
Professionals	36	13	433	26	30	0	29	22	230	21	18	0	10	11	879	
Technicians	1	0	12	0	0	0	0	0	5	0	0	0	1	1	20	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers Craft Workers	0 46	0	7 545	0 5	<u>0</u>	0	2 18	2	81 3	0	0	0	3 0	0	104 620	
Operatives	62	1	510	14	3	0	23	1	23	0	0	0	0	0	637	
Laborers and Helpers	0	0	11	0	0	0	0	0	0	0	0	0	1	0	12	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2022 REPORTING YEAR TOTA	L 164	25	1987	57	39	0	96	35	477	30	25	0	20	20	2975	
PRIOR 2021 REPORTING YEAR TOTA	L 144	20	1918	56	34	1	83	39	462	27	21	1	18	23	2847	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

Not Applicable

## EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 0681331 HR-OK PLAZA ADDRESS CITY/TOWN STATE ZIP CODE 100 W 5TH ST **TULSA** OK 74103 CERTIFICATION COMMENTS (optional) No Certification Comments Provided CERTIFICATION STATEMENT "I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions." Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001. DATE OF CERTIFICATION 11/15/2023 1:54 PM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official **Ashley Hughes** Manager HR Technology

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

Telephone Number of Certifying Official

Title and Employer of Primary POC

Telephone Number of Primary POC

Senior HR Data Analyst

Oneok

918-588-7454

918-574-7338

Email Address of Certifying Official

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Name of Primary POC

Lynlee Finney

Email Address of Primary POC

lynlee.finney@oneok.com