

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: CAPITOL FEDERAL 401(K) PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 12/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan): CAPITOL FEDERAL FINANCIAL, INC.
2b Employer Identification Number (EIN): 27-2631712
2c Plan Sponsor's telephone number: 785-270-6084
2d Business code (see instructions): 522120

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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 CAPITOL FEDERAL FINANCIAL, INC. c Plan Name CAPITOL FEDERAL FINANCIAL, INC. PARTNERS IN THRIFT 401K PLAN	4b EIN 27-2631712 4d PN 002
5 Total number of participants at the beginning of the plan year	5 729
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 615 6a(2) 569 6b 1 6c 211 6d 781 6e 0 6f 781 6g(1) 733 6g(2) 764 6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan CAPITOL FEDERAL 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITOL FEDERAL FINANCIAL, INC.	D Employer Identification Number (EIN) 27-2631712	

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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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)

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

(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?
15 36 37 38 50 64	NONE	54105	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INTELLICENTS INVESTMENTS SOLUTIONS

41-1812533

(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?
27 50	NONE	50000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MATRIX TRUST COMPANY

75-3182674

(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?
19 21 25 62	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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
MATRIX TRUST COMPANY	19 21 25 62	0
(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.	
ONEAMERICA RETIREMENT SERVICES LLC 46-5378846	ONEAMERICA HAS AN AGREEMENT WITH MATRIX TO PAY \$750 ANNUAL TRUST & CUSTODY FEES PLUS 2 BASIS POINTS ON MARKET VALUE ANNUALIZED MONTHLY	
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>CAPITOL FEDERAL 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CAPITOL FEDERAL FINANCIAL, INC.</u>	D Employer Identification Number (EIN) <u>27-2631712</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2025

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>36-6071399-991</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3579022</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTRY ONE CHOICE 2030

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>36-6071399-992</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5490740</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTRY ONE CHOICE 2035

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>36-6071399-993</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2529795</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTRY ONE CHOICE 2040

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>36-6071399-984</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2498783</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTRY ONE CHOICE 2050

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>36-6071399-986</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2268120</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTRY ONE CHOICE 2055

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>36-6071399-843</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1836897</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE RETIREM

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>36-6071399-987</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1908376</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTELLICENTS AGGRESSIVE CIF		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 87-0860881-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 216234
a Name of MTIA, CCT, PSA, or 103-12 IE: INTELLICENTS CONSERVATIVE CIF		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 86-3974282-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2072
a Name of MTIA, CCT, PSA, or 103-12 IE: INTELLICENTS MODERATE CIF		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 86-3956341-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155740
a Name of MTIA, CCT, PSA, or 103-12 IE: INTELLICENTS MOD AGGR CIF		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 86-3914399-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 500982
a Name of MTIA, CCT, PSA, or 103-12 IE: INTELLICENTS MOD CONS CIF		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 86-3883297-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1906
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH FUND R1 SHARES		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4126247-549	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119196
a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FD 25 BPS		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 93-6274329-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23862
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FD II CL R1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4126288-592	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 368752
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FD II CL R1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4126250-554	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 174278
a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE CL RI		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 85-4031707-653	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4127

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TR FLEXPATH LRG CAP VAL		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213944
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2060		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-816	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 920809
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2065		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-999	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 512227
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND FUND R1 SHARES		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4116854-515	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124681
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY EUROPACIFIC GROWTH TR R1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-7289844-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82296
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 245		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-985	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2419298
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENT IN RET TRUST III		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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)
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)
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

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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan CAPITOL FEDERAL 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITOL FEDERAL FINANCIAL, INC.	D Employer Identification Number (EIN) 27-2631712

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1216079	400
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	238385	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)		
(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)	359516	258833
(9) Value of interest in common/collective trusts	1c(9)	23462468	25952137
(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)	3375877	4786166
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	28652325	30997536
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	28652325	30997536

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)	240599	
(B) Participants	2a(1)(B)	2661138	
(C) Others (including rollovers)	2a(1)(C)	29278	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		2931015
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)	21270	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21270
(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)	96751	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		96751
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		5264541
(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)		921738
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9235315

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6784509	
(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)		6784509
f Corrective distributions (see instructions).....	2f		1490
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)	54105	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	50000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		104105
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6890104

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2345211
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **SSC CPAS, P.A.**

(2) EIN: **48-1215584**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	175
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan CAPITOL FEDERAL 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITOL FEDERAL FINANCIAL, INC.	D Employer Identification Number (EIN) 27-2631712	

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): 75-3182674

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	
--	----------	--

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 08 / 19 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704137A.



CAPITOL FEDERAL® 401(k) PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTAL INFORMATION TOGETHER WITH
INDEPENDENT AUDITOR'S REPORT

SEPTEMBER 30, 2024 AND 2023

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Independent Auditor's Report

To the Retirement and Benefits Committee of
Capitol Federal® Financial, Inc.

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

We have performed an audit of the accompanying financial statements of Capitol Federal® 401(k) 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 statement of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 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 audit 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 a certification from a qualified institution as of and for the years ended September 30, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit 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 financial statements referred to above, 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 financial statements referred to above 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 audit in accordance with auditing standards generally accepted in the United States of America. 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 Capitol Federal® 401(k) 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

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 Capitol Federal® 401(k) Plan's ability to continue as a going concern for one year after the date the 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 of the Financial Statements 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Capitol Federal® 401(k) 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 Capitol Federal® 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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.

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held at end of year is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 audit 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 generally accepted auditing standards. 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).

SSC CPAs, P.A.

SSC CPAs, P.A.
Topeka, Kansas

July 11, 2025

CAPITOL FEDERAL® 401(k) PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

September 30,	2024	2023
ASSETS		
Mutual funds	\$ 4,786,166	\$ -
Collective investment funds	25,952,137	-
Noninterest-bearing cash	400	-
Investments due from broker	-	28,054,424
Total investments	30,738,703	28,054,424
Contributions receivable		
Employer	-	238,385
Total contributions receivable	-	238,385
Notes receivable		
Participant loans	258,833	359,516
Total receivables	258,833	597,901
TOTAL ASSETS	30,997,536	28,652,325
Net assets available for benefits	\$ 30,997,536	\$ 28,652,325

CAPITOL FEDERAL® 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended September 30,	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 6,186,279	\$ 2,985,746
Net appreciation in contract value of common trust funds	-	2,746
Interest income from participant loans	21,270	19,726
Dividends	96,751	61,530
Total investment income	6,304,300	3,069,748
Contributions		
Employer	240,599	238,385
Participants	2,661,138	2,785,646
Rollovers	29,278	355,897
Total contributions	2,931,015	3,379,928
Total additions	9,235,315	6,449,676
Deductions		
Benefits paid to participants or beneficiaries	6,785,999	3,680,811
Administrative fees	104,105	160,370
Total deductions	6,890,104	3,841,181
Increase/(Decrease) in net assets	2,345,211	2,608,495
Net assets beginning of year	28,652,325	26,043,830
Net assets end of year	\$ 30,997,536	\$ 28,652,325

CAPITOL FEDERAL® 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

1. PLAN DESCRIPTION AND BASIS OF PRESENTATION

General

The following brief description of the Capitol Federal® 401(k) Plan (“Plan”) is provided for general information purposes only. Participants should refer to the Plan document for complete information.

The Plan, established October 1, 1969, is a defined contribution plan. The plan was restated effective September 1, 2018 to incorporate employees due to the merger with Capital City Bancshares, Inc. The Plan was previously amended and restated as of January 15, 2016. The Plan provides for the payment of benefits to participating employees of Capitol Federal® Financial, Inc. (the “Company”, “Plan Administrator” or “Plan Sponsor”), and its wholly owned subsidiary Capitol Federal Savings Bank. Effective October 1, 2007, the employee stock ownership portion of the Plan was separated and it is operating as an independent Plan known as the Capitol Federal® Financial, Inc. Employee Stock Ownership Plan. The remaining Plan was known as the Capitol Federal® Financial, Inc. Partners in Thrift Plan. Effective October 1, 2014, the Plan was amended to include 401(k) retirement provisions and the Plan’s name was changed to Capitol Federal® Financial, Inc. Partners in Thrift 401(k) Plan. Effective October 1, 2023, the Plan was amended and the Plan’s name was changed to Capitol Federal® 401(k) Plan. The Retirement & Benefits Committee, which is made up of members appointed by the Board of Directors, controls and manages the operation and administration of the Plan. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Matrix Trust Company (Matrix) serves as the trustee of the Plan.

Eligibility

Each Employee who was an active participant in the Plan on September 30, 2007, shall continue to be an active participant if the participant is still an eligible employee on October 1, 2007, and his or her entry date shall not change. Effective October 1, 2020, employees who have completed six months of service are eligible to defer earnings into the Plan. Employees are not eligible for the Company match until they have completed six months of service.

Contributions

The Company may make discretionary matching contributions and profit-sharing contributions. The percentage of elective deferral contributions matched and the amount of profit sharing shall be determined by the Board of Directors. Matching contributions are calculated based on elective deferral contributions and participants’ eligible compensation for the Plan Year. The Company elected to make a 25% matching contribution for any amount up to the first 3% of eligible compensation contributed by the participant for 2024 and 2023. The Company did not make any profit-sharing contribution to the Plan for 2024 and 2023.

Effective October 1, 2014, participants may elect both pre-tax 401(k) and /or post-tax Roth elective deferral contributions to the Plan. All newly eligible participants in the plan are automatically enrolled with a deferral rate of 3% of compensation. The deferral rate is pre-set to increase by 1% each year up to a maximum of 10%. Participants can elect to change their deferral rate at any time. Participants’ contributions are remitted to the Plan through payroll. The employer contribution is calculated and made at the end of the Plan year and is subject to Board approval. Contributions to the Plan shall be limited in accordance with Code Section 415 and the regulations thereunder.

Participant accounts

Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. The benefit to

CAPITOL FEDERAL® 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

which a participant is entitled is the benefit that can be provided from the participant's vested account.

Allocations

A participant meets the allocation requirements if the participant is an active participant, as defined by the Plan, on the last day of the Plan Year and has at least 1,000 hours of service during the Plan Year. If a participant is on an approved leave of absence on the last day of the Plan Year, thrift and voluntary contributions made by participants shall be credited to participants' accounts, no later than required by ERISA or the Department of Labor regulations thereunder.

Matching contributions, if any, shall be allocated to participants who meet the allocation requirements as stated above. Such contributions shall be based on the participant's contribution and his/her eligible compensation for the Plan Year. Matching contributions shall be allocated as of the last day of the Plan Year and credited to the participant's account attributable to matching contributions.

Profit-sharing contributions for the Plan Year (if any) shall be allocated as of the last day of the Plan Year to each person who meets the allocation requirements as stated above, using annual compensation, as defined by the Plan, for the Plan Year. The amount allocated to such participant shall be equal to the profit-sharing contributions multiplied by the ratio of such person's annual compensation to the total annual compensation of all such participants. The amount shall be credited to the participant's account attributable to profit-sharing contributions. There were no profit-sharing contributions as of September 30, 2024 and 2023.

Vesting

Participants are vested in employer nonelective contributions on a 6-year graded schedule (0-1 year 0%, 2 years 20%, 3 years 40%, 4 years 60%, 5 years 80%, and 6 years 100%).

Participant loans

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear an interest rate of 1% plus the prime rate. Principal and interest are paid ratably through bi-weekly payroll deductions. Participant loans are reported on the financial statements as notes receivable from participants but as investments on Schedule H of Form 5500 and Schedule of Assets (Held at End of Year).

Payment of benefits

Upon termination, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Investments

Participants are able to self-direct their contributions and any matching or profit-sharing contributions received from the company. Investment options include several pooled separate accounts, mutual funds and collective investment trust. Participants can allocate their contributions to any one of the available investments or allocate across a variety of the available options.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

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

CAPITOL FEDERAL® 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Investment valuation and income recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement and Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note 7 for discussion of fair value measurements.

Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued unpaid interest. Interest income is recorded on the accrual basis.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Administrative expenses

Administrative expenses of the Plan are paid by either the Plan or the Company, as provided in the Plan Document.

3. TAX STATUS

The plan obtained its latest determination letter on October 18, 2013, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The plan adopted the "Volume Submitter Profit Sharing Plan with CODA", a prototype plan, from Principal Life Insurance Co. and restated the plan effective September 1, 2018 to incorporate provisions for employees acquired from a merger. The prototype plan was approved by the IRS on August 8, 2014 with no new certification letter required. October 1, 2023 the plan adopted the "Non-Standardized Pre-Approved Profit Sharing Plan with CODA", a prototype plan, from OneAmerica Financial Partners Inc. The prototype plan was approved by the IRS on August 19, 2020 with no new certification letter required. The plan administrator and the plan's tax counsel believe that the plan was qualified, and the related trust was tax-exempt as of the date of the financial statements.

CAPITOL FEDERAL® 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Services (IRS). The Plan administrator has analyzed the tax positions taken by the Plan, and concluded that as of September 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

4. RELATED PARTY TRANSACTIONS

The following transactions qualify as related party and party-in-interest transactions.

Effective October 1, 2023, Plan investments and participant loans are managed by Matrix, and OneAmerica provides recordkeeping services to the Plan. Matrix is the trustee and custodian for the Plan.

Until September 30, 2023, Principal provided recordkeeping and custodial services to the Plan and managed Plan investments and participant loans. Certain amounts owed to Principal for its administrative services to the Plan are reduced from investment earnings.

Beginning in April 2021, intellicents began providing fiduciary and plan advisory services to the employees of the Company.

Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Legal and accounting fees are paid directly by the Company.

5. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, unallocated assets, if any will be allocated to participant accounts and distributed in such a manner as the Company may determine.

6. INFORMATION CERTIFIED BY TRUSTEE

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at September 30, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Matrix and Principal, respectively.

CAPITOL FEDERAL® 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

7. FAIR VALUE MEASUREMENT

FASB ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, it consists of three levels. The fair value measurement level within the hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

- Level 1 — Valuation is based upon quoted prices for identical instruments traded in active markets.
- Level 2 — Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market.
- Level 3 — Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Matrix provided the following descriptions of the valuation methodologies used for assets measured at fair value:

Mutual Funds: valued at a quoted market price on an active market.

Collective Investment Funds: Valued at the NAV of units held. The NAV is used as a practical expedient to estimating fair value. The NAV is based on the fair value of the underlying investments held by the respective fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth, within the fair value hierarchy, the Plan's assets measure at fair value on a recurring basis as of September 30, 2024:

2024	Fair Value Measurements at Reporting Date Using:			Total
	Quoted Price in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Observable Inputs (Level 3)	
Description				
Mutual funds	\$ 4,786,166	\$ -	\$ -	\$ 4,786,166
Total assets in the fair value hierarchy	4,786,166	-	-	4,786,166
Investments measured at NAV	-	-	-	25,952,137
Total investments, at fair value	\$ 4,786,166	\$ -	\$ -	\$ 30,738,303

CAPITOL FEDERAL® 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share practical expedient as of September 30, 2024.

September 30, 2024	Fair Value	Unfunded Commitments	Redemption frequency (if currently eligible)	Redemption Notice Period
Collective Investment Fund				
American Century One Choice 2025 III	\$ 3,579,022	N/A	Daily	N/A
American Century One Choice 2030 III	5,490,740	N/A	Daily	N/A
American Century One Choice 2035 III	2,529,795	N/A	Daily	N/A
American Century One Choice 2040 III	2,498,782	N/A	Daily	N/A
American Century One Choice 2045 III	2,419,298	N/A	Daily	N/A
American Century One Choice 2050 III	2,268,120	N/A	Daily	N/A
American Century One Choice 2055 III	1,836,897	N/A	Daily	N/A
American Century One Choice 2060 III	920,809	N/A	Daily	N/A
American Century One Choice 2065 III	512,227	N/A	Daily	N/A
American Century One Choice In Ret III	1,908,376	N/A	Daily	N/A
Core Plus Bond Fund - R1 Shares	124,681	N/A	Daily	N/A
Great Gray EuroPacific Growth Trust Class R1	82,296	N/A	Daily	N/A
intelligents Aggressive CIF	216,234	N/A	Daily	N/A
intelligents Conservative CIF	2,072	N/A	Daily	N/A
intelligents Moderate CIF	155,740	N/A	Daily	N/A
intelligents Moderately Aggressive CIF	500,982	N/A	Daily	N/A
intelligents Moderately Conservative CIF	1,906	N/A	Daily	N/A
Mid Cap Growth Fund R1 Shares	119,196	N/A	Daily	N/A
Morley Stable Value Fund 25 Bps (ter)	23,862	N/A	Daily	N/A
Small Cap Growth Fund II Class R1	368,752	N/A	Daily	N/A
Small Cap Value Fund II CL R1	174,278	N/A	Daily	N/A
Stable Value CL R1	4,127	N/A	Daily	N/A
Wilmington Trust Flexpath Large Cap Value-R1	213,944	N/A	Daily	N/A

There were no plan assets available to level for fair market value as of September 30, 2023 due to the transfer between third party administrators and the due from broker recorded on the statement of net assets available for benefits.

8. PLAN AMENDMENTS

The plan was amended on October 1, 2023. Changes included vesting for employer nonelective contributions on a 6-year graded schedule (0-1 year 0%, 2 years 20%, 3 years 40%, 4 years 60%, 5 years 80%, and 6 years 100%) which was previously set at always 100%, an update to the employer match to per pay period versus a year end match, and allowing in-plan Roth rollover contributions for in-service participants.

9. RISKS AND UNCERTAINTIES

The Plan invests in investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the statement of net assets available for benefits.

CAPITOL FEDERAL® 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

10. SUBSEQUENT EVENTS

Management has evaluated subsequent events through July 11, 2025 the date which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

CAPITOL FEDERAL® 401(k) PLAN

27-2631712 PLAN NUMBER 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	American Century One Choice 2025 III	Collective Investment Fund American Century One Choice 2025 III	-	3,579,022
	American Century One Choice 2030 III	Collective Investment Fund American Century One Choice 2030 III	-	5,490,740
	American Century One Choice 2035 III	Collective Investment Fund American Century One Choice 2035 III	-	2,529,795
	American Century One Choice 2040 III	Collective Investment Fund American Century One Choice 2040 III	-	2,498,782
	American Century One Choice 2045 III	Collective Investment Fund American Century One Choice 2045 III	-	2,419,298
	American Century One Choice 2050 III	Collective Investment Fund American Century One Choice 2050 III	-	2,268,120
	American Century One Choice 2055 III	Collective Investment Fund American Century One Choice 2055 III	-	1,836,897
	American Century One Choice 2060 III	Collective Investment Fund American Century One Choice 2060 III	-	920,809
	American Century One Choice 2065 III	Collective Investment Fund American Century One Choice 2065 III	-	512,227
	American Century One Choice In Ret III	Collective Investment Fund American Century One Choice In Ret II	-	1,908,376
	Core Plus Bond Fund - R1 Shares	Collective Investment Fund Core Plus Bond Fund - R1 Shares	-	124,681
	Great Gray EuroPacific Growth Trust Class R1	Collective Investment Fund Great Gray EuroPacific Growth Trust C	-	82,296
*	intelligents Aggressive CIF	Collective Investment Fund intelligents Aggressive CIF	-	216,234
*	intelligents Conservative CIF	Collective Investment Fund intelligents Conservative CIF	-	2,072
*	intelligents Moderate CIF	Collective Investment Fund intelligents Moderate CIF	-	155,740
*	intelligents Moderately Aggressive CIF	Collective Investment Fund intelligents Moderately Aggressive CI	-	500,982
*	intelligents Moderately Conservative CIF	Collective Investment Fund intelligents Moderately Conservative	-	1,906
	Mid Cap Growth Fund R1 Shares	Collective Investment Fund Mid Cap Growth Fund R1 Shares	-	119,196
	Morley Stable Value Fund 25 Bps (ter)	Collective Investment Fund Morley Stable Value Fund 25 Bps (ter)	-	23,862
	Small Cap Growth Fund II Class R1	Collective Investment Fund Small Cap Growth Fund II Class R1	-	368,752
	Small Cap Value Fund II CL R1	Collective Investment Fund Small Cap Value Fund II CL R1	-	174,278
	Stable Value CL R1	Collective Investment Fund Stable Value CL R1	-	4,127
	Wilmington Trust Flexpath Large Cap Value-R1	Collective Investment Fund Wilmington Trust Flexpath Large Cap V	-	213,944
	American Funds Capital World Bond R6	Mutual Fund American Funds Capital World Bond R6	-	34,405
	American Funds New World R6	Mutual Fund American Funds New World R6	-	133,864
	Cohen & Steers Real Estate - Z	Mutual Fund Cohen & Steers Real Estate - Z	-	43,338
	Fidelity Advisor International Small Cap Fund Clas	Mutual Fund Fidelity Advisor International Small	-	31,309
	Fidelity® 500 Index Institutional Prem	Mutual Fund Fidelity® 500 Index Institutional Pre	-	1,953,538
	Fidelity® Inflation-Prot Bd Idx InstlPrm	Mutual Fund Fidelity® Inflation-Prot Bd Idx Instl	-	79,693
	Fidelity® Mid Cap Index Instl Prem	Mutual Fund Fidelity® Mid Cap Index Instl Prem	-	165,246
	Fidelity® Small Cap Index Instl Prem	Mutual Fund Fidelity® Small Cap Index Instl Prem	-	503,795
	Fidelity® Total Intl Index Instl Premium	Mutual Fund Fidelity® Total Intl Index Instl Prem	-	238,888
	Fidelity® US Bond Index Instl Prem	Mutual Fund Fidelity® US Bond Index Instl Prem	-	295,525
	Large Cap Growth Fund IV CL R1	Mutual Fund Large Cap Growth Fund IV CL R1	-	825,767
	PGIM High Yield R6	Mutual Fund PGIM High Yield R6	-	249,810
	Victory Sycamore Established Value R6	Mutual Fund Victory Sycamore Established Value R6	-	230,989
		Total Investments		30,738,303
*	Master Participant Loan	Loan Interest Rates 4.25% - 9.50%	-	258,833
				30,997,136
*	represents party-in-interest			

Attachment to 2023 Form 5500
Schedule H Part IV, line 4a – Schedule of Delinquent Participant Contributions

Plan Name CAPITOL FEDERAL 401(K) PLAN **EIN:** 27-2631712
Plan Sponsor's Name CAPITOL FEDERAL FINANCIAL, INC. **PN:** 002

	Total that Constitute Nonexempt Prohibited Transactions	
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Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: <input checked="checked" type="checkbox"/>		\$175		

Assets Held at End of Year
Capitol Federal 401(k) Plan
Schedule H Part IV 4i

Tax Number: 272631712 PN: 002

As of September 30, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value	COST	CURRENT VALUE
ASSETS				
GENERAL INVESTMENTS				
Participant Loans				
	Master Participant Loan	Loan Interest Rates 4.25% - 9.50%	**	258,833.10
	Total Participant Loans			258,833.10
Value of Interest in Common / Collective Trusts				
	American Century One Choice 2025 III	American Century One Choice 2025 III	**	3,579,022.09
	American Century One Choice 2030 III	American Century One Choice 2030 III	**	5,490,740.03
	American Century One Choice 2035 III	American Century One Choice 2035 III	**	2,529,794.89
	American Century One Choice 2040 III	American Century One Choice 2040 III	**	2,498,782.40
	American Century One Choice 2045 III	American Century One Choice 2045 III	**	2,419,297.69
	American Century One Choice 2050 III	American Century One Choice 2050 III	**	2,268,119.70
	American Century One Choice 2055 III	American Century One Choice 2055 III	**	1,836,897.18
	American Century One Choice 2060 III	American Century One Choice 2060 III	**	920,809.20
	American Century One Choice 2065 III	American Century One Choice 2065 III	**	512,227.01
	American Century One Choice In Ret III	American Century One Choice In Ret III	**	1,908,376.39
	Core Plus Bond Fund - R1 Shares	Core Plus Bond Fund - R1 Shares	**	124,681.30
	Great Gray EuroPacific Growth Trust Class R1	Great Gray EuroPacific Growth Trust C	**	82,295.98
	intellicents Aggressive CIF	intellicents Aggressive CIF	**	216,234.41
	intellicents Conservative CIF	intellicents Conservative CIF	**	2,071.68
	intellicents Moderate CIF	intellicents Moderate CIF	**	155,740.05
	intellicents Moderately Aggressive CIF	intellicents Moderately Aggressive CI	**	500,981.63
	intellicents Moderately Conservative CIF	intellicents Moderately Conservative	**	1,906.26
	Mid Cap Growth Fund R1 Shares	Mid Cap Growth Fund R1 Shares	**	119,195.65
	Morley Stable Value Fund 25 Bps (ter)	Morley Stable Value Fund 25 Bps (ter)	**	23,861.92
	Small Cap Growth Fund II Class R1	Small Cap Growth Fund II Class R1	**	368,752.10
	Small Cap Value Fund II CL R1	Small Cap Value Fund II CL R1	**	174,277.77
	Stable Value CL R1	Stable Value CL R1	**	4,127.20
	Wilmington Trust Flexpath Large Cap Value-R1	Wilmington Trust Flexpath Large Cap V	**	213,943.89
	Total Value of Interest in Common / Collective Trusts			25,952,136.45
Value of Interest in Registered Investment Companies				
	American Funds Capital World Bond R6	American Funds Capital World Bond R6	**	34,404.53
	American Funds New World R6	American Funds New World R6	**	133,863.81
	Cohen & Steers Real Estate - Z	Cohen & Steers Real Estate - Z	**	43,338.42
	Fidelity Advisor International Small Cap Fund Class I	Fidelity Advisor International Small	**	31,308.64
	Fidelity® 500 Index Institutional Prem	Fidelity® 500 Index Institutional Pre	**	1,953,538.48
	Fidelity® Inflation-Prot Bd Idx InstlPrm	Fidelity® Inflation-Prot Bd Idx Instl	**	79,692.62
	Fidelity® Mid Cap Index Instl Prem	Fidelity® Mid Cap Index Instl Prem	**	165,245.48
	Fidelity® Small Cap Index Instl Prem	Fidelity® Small Cap Index Instl Prem	**	503,795.31
	Fidelity® Total Intl Index Instl Premium	Fidelity® Total Intl Index Instl Prem	**	238,888.49
	Fidelity® US Bond Index Instl Prem	Fidelity® US Bond Index Instl Prem	**	295,525.27
	Large Cap Growth Fund IV CL R1	Large Cap Growth Fund IV CL R1	**	825,766.62
	PGIM High Yield R6	PGIM High Yield R6	**	249,809.54
	Victory Sycamore Established Value R6	Victory Sycamore Established Value R6	**	230,988.81
	Total Value of Interest in Registered Investment Companies			4,786,166.03