

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan 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) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CAPITOL FEDERAL FINANCIAL, INC. 700 SOUTH KANSAS AVE TOPEKA, KS 66603	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.			
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2026	ANGELA DAILEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 789
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) 577 6a(2) 617 6b 1 6c 241 6d 859 6e 0 6f 859 6g(1) 764 6g(2) 836 6h 28
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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	74285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	70000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan CAPITOL FEDERAL 401(K) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CAPITOL FEDERAL FINANCIAL, INC.		D Employer Identification Number (EIN) 27-2631712

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2025			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-991	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: AMERICAN CENTRY ONE CHOICE 2030			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-992	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5209973	
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 36-6071399-993	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3058638	
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 36-6071399-984	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2802700	
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 36-6071399-986	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2763857	
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 36-6071399-843	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2493873	
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 36-6071399-987	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: 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) 289830
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) 2199
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) 4689
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) 143733
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) 11256
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) 169693
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) 0
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) 394208
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) 167902
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) 57095

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) 363647
--------------------------------	------------------------	--

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) 1095052
--------------------------------	------------------------	---

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) 872059
--------------------------------	------------------------	--

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) 116576
--------------------------------	------------------------	--

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) 93036
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2045

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) 2180687
--------------------------------	------------------------	---

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) 5606377
--------------------------------	------------------------	---

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
	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		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	400	830319
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	258833	277639
(9) Value of interest in common/collective trusts	1c(9)	25952137	27897080
(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)	4786166	6305816
(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	30997536	35310854
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	30997536	35310854

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)	303166	
(B) Participants.....	2a(1)(B)	3089478	
(C) Others (including rollovers).....	2a(1)(C)	411506	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		3804150
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)	23912	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		23912
(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)	102916	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		102916
(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)		2520032
(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)		655941
c Other income	2c		1629
d Total income. Add all income amounts in column (b) and enter total	2d		7108580

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2650977	
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	74285	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	70000	
(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)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2795262

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4313318
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.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☒		

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% 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, 2025 AND 2024

Table of Contents

	<u>Page Number</u>
Independent Auditor's Report	1 - 4
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7- 13
SUPPLEMENTAL INFORMATION:	
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)	14



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, 2025 and 2024, 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, 2025 and 2024, 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 7, 2026

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

September 30,	2025	2024
ASSETS		
Investments		
Mutual funds	\$ 6,305,816	\$ 4,786,166
Collective investment funds	27,897,080	25,952,137
Total investments	34,202,896	30,738,303
Cash		
Noninterest-bearing cash	830,319	400
Total Cash	830,319	400
Notes receivable		
Participant loans	277,639	258,833
Total receivables	277,639	258,833
TOTAL ASSETS	35,310,854	30,997,536
Net assets available for benefits	\$ 35,310,854	\$ 30,997,536

CAPITOL FEDERAL® 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended September 30,	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 3,177,602	\$ 6,186,279
Interest income from participant loans	23,912	21,270
Dividends	102,916	96,751
Total investment income	3,304,430	6,304,300
Contributions		
Employer	303,166	240,599
Participants	3,089,478	2,661,138
Rollovers	411,506	29,278
Total contributions	3,804,150	2,931,015
Total additions	7,108,580	9,235,315
Deductions		
Benefits paid to participants or beneficiaries	2,650,977	6,785,999
Administrative fees	144,285	104,105
Total deductions	2,795,262	6,890,104
Increase in net assets	4,313,318	2,345,211
Net assets beginning of year	30,997,536	28,652,325
Net assets end of year	\$ 35,310,854	\$ 30,997,536

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 2025 and 2024. The Company did not make any profit-sharing contribution to the Plan for 2025 and 2024.

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 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, 2025 and 2024.

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, 2025 and 2024, 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 Trust Company, and OneAmerica provides recordkeeping services to the Plan. Matrix Trust Company is the trustee and custodian for the Plan.

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, non-interest bearing cash, and notes receivable from participants held at September 30, 2025 and 2024, 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 Trust Company.

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.

CAPITOL FEDERAL® 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

- 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 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, 2025:

2025		Fair Value Measurements at Reporting Date Using:			
Description	Quoted Price in Active Markets for Identical Assets (Level 1)		Significant Other Observable Inputs (Level 2)	Significant Other Observable Inputs (Level 3)	Total
Mutual funds	\$	6,305,816	\$ -	\$ -	\$ 6,305,816
Total assets in the fair value hierarchy		6,305,816	-	-	6,305,816
Investments measured at NAV		-	-	-	27,897,080
Total investments, at fair value	\$	6,305,816	\$ -	\$ -	\$ 34,202,897

2024		Fair Value Measurements at Reporting Date Using:			
Description	Quoted Price in Active Markets for Identical Assets (Level 1)		Significant Other Observable Inputs (Level 2)	Significant Other Observable Inputs (Level 3)	Total
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, 2025.

September 30, 2025	Fair Value	Unfunded Commitments	Redemption frequency (if currently eligible)	Redemption Notice Period
Collective Investment Fund				
American Century One Choice 2030 III	\$ 5,209,973	N/A	Daily	N/A
American Century One Choice 2035 III	3,058,638	N/A	Daily	N/A
American Century One Choice 2040 III	2,802,700	N/A	Daily	N/A
American Century One Choice 2045 III	2,180,687	N/A	Daily	N/A
American Century One Choice 2050 III	2,763,857	N/A	Daily	N/A
American Century One Choice 2055 III	2,493,873	N/A	Daily	N/A
American Century One Choice 2060 III	1,095,052	N/A	Daily	N/A
American Century One Choice 2065 III	872,059	N/A	Daily	N/A
American Century One Choice In Ret III	5,606,377	N/A	Daily	N/A
Core Plus Bond Fund - R1 Shares	116,575	N/A	Daily	N/A
Great Gray EuroPacific Growth Trust Class R1	93,036	N/A	Daily	N/A
intellicents Aggressive CIF	289,830	N/A	Daily	N/A
intellicents Conservative CIF	2,199	N/A	Daily	N/A
intellicents Moderate CIF	4,689	N/A	Daily	N/A
intellicents Moderately Aggressive CIF	143,733	N/A	Daily	N/A
intellicents Moderately Conservative CIF	11,256	N/A	Daily	N/A
Mid Cap Growth Fund R1 Shares	169,693	N/A	Daily	N/A
Small Cap Growth Fund II Class R1	394,208	N/A	Daily	N/A
Small Cap Value Fund II CL R1	167,902	N/A	Daily	N/A
Stable Value CL R1	57,095	N/A	Daily	N/A
Wilmington Trust Flexpath Large Cap Value-R1	363,647	N/A	Daily	N/A

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. On October 1, 2025, 401k eligibility requirements changed to no age restriction and 60 days of service to determine eligibility.

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.

10. SUBSEQUENT EVENTS

Management has evaluated subsequent events through July 7, 2026 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, 2025

(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 2030 III	American Century One Choice 2030 III	-	5,209,973
	American Century One Choice 2035 III	American Century One Choice 2035 III	-	3,058,638
	American Century One Choice 2040 III	American Century One Choice 2040 III	-	2,802,700
	American Century One Choice 2045 III	American Century One Choice 2045 III	-	2,180,687
	American Century One Choice 2050 III	American Century One Choice 2050 III	-	2,763,857
	American Century One Choice 2055 III	American Century One Choice 2055 III	-	2,493,873
	American Century One Choice 2060 III	American Century One Choice 2060 III	-	1,095,052
	American Century One Choice 2065 III	American Century One Choice 2065 III	-	872,059
	American Century One Choice In Ret III	American Century One Choice In Ret II	-	5,606,377
	Core Plus Bond Fund - R1 Shares	Core Plus Bond Fund - R1 Shares	-	116,575
	Great Gray EuroPacific Growth Trust Class R1	Great Gray EuroPacific Growth Trust C	-	93,036
*	intellicents Aggressive CIF	intellicents Aggressive CIF	-	289,830
*	intellicents Conservative CIF	intellicents Conservative CIF	-	2,199
*	intellicents Moderate CIF	intellicents Moderate CIF	-	4,689
*	intellicents Moderately Aggressive CIF	intellicents Moderately Aggressive CI	-	143,733
*	intellicents Moderately Conservative CIF	intellicents Moderately Conservative	-	11,256
	Mid Cap Growth Fund R1 Shares	Mid Cap Growth Fund R1 Shares	-	169,693
	Small Cap Growth Fund II Class R1	Small Cap Growth Fund II Class R1	-	394,208
	Small Cap Value Fund II CL R1	Small Cap Value Fund II CL R1	-	167,902
	Stable Value CL R1	Stable Value CL R1	-	57,095
	Wilmington Trust Flexpath Large Cap Value-R1	Wilmington Trust Flexpath Large Cap V	-	363,647
	American Funds Capital World Bond R6	American Funds Capital World Bond R6	-	34,424
	American Funds New World R6	American Funds New World R6	-	159,368
	Cohen & Steers Real Estate - Z	Cohen & Steers Real Estate - Z	-	54,604
	Fidelity Advisor International Small Cap Fund Class I	Fidelity Advisor International Small	-	56,898
	Fidelity® 500 Index Institutional Prem	Fidelity® 500 Index Institutional Pre	-	2,898,379
	Fidelity® Inflation-Prot Bd Idx InstlPrm	Fidelity® Inflation-Prot Bd Idx Instl	-	64,101
	Fidelity® Mid Cap Index Instl Prem	Fidelity® Mid Cap Index Instl Prem	-	271,700
	Fidelity® Small Cap Index Instl Prem	Fidelity® Small Cap Index Instl Prem	-	615,964
	Fidelity® Total Intl Index Instl Premium	Fidelity® Total Intl Index Instl Prem	-	504,727
	Fidelity® US Bond Index Instl Prem	Fidelity® US Bond Index Instl Prem	-	334,330
	Large Cap Growth Fund IV CL R1	Large Cap Growth Fund IV CL R1	-	1,021,944
	PGIM High Yield R6	PGIM High Yield R6	-	199,825
	Victory Sycamore Established Value R6	Victory Sycamore Established Value R6	-	89,555
	Total Investments			34,202,896
*	Master Participant Loan	Loan Interest Rates 4.25% - 9.50%	-	277,639
				34,480,535
*	represents party-in-interest			

Assets Held at End of Year
Capitol Federal 401(k) Plan
Schedule H Part IV 4i
Tax Number: 272631712 EIN: 002
As of September 30, 2025

(a)	(b)	(c)	(d)	(e)
		DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value	COST	CURRENT VALUE
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY				
Participant Loans				
Master Participant Loan		Interest Rates 4.25% - 9.50%	**	277,638.89
Total		Participant Loans		277,638.89
Value of Interest in Common / Collective Trusts				
American Century One Choice 2030 III		American Century One Choice 2030 III	**	5,209,973.32
American Century One Choice 2035 III		American Century One Choice 2035 III	**	3,058,638.39
American Century One Choice 2040 III		American Century One Choice 2040 III	**	2,802,699.97
American Century One Choice 2045 III		American Century One Choice 2045 III	**	2,180,687.02
American Century One Choice 2050 III		American Century One Choice 2050 III	**	2,763,857.41
American Century One Choice 2055 III		American Century One Choice 2055 III	**	2,493,872.82
American Century One Choice 2060 III		American Century One Choice 2060 III	**	1,095,051.87
American Century One Choice 2065 III		American Century One Choice 2065 III	**	872,059.27
American Century One Choice In Ret III		American Century One Choice In Ret II	**	5,606,376.92
Core Plus Bond Fund - R1 Shares		Core Plus Bond Fund - R1 Shares	**	116,575.45
Great Gray EuroPacific Growth Trust Class R1		Great Gray EuroPacific Growth Trust C	**	93,036.37
intellicents Aggressive CIF		intellicents Aggressive CIF	**	289,829.63
intellicents Conservative CIF		intellicents Conservative CIF	**	2,199.05
intellicents Moderate CIF		intellicents Moderate CIF	**	4,688.53
intellicents Moderately Aggressive CIF		intellicents Moderately Aggressive CI	**	143,732.70
intellicents Moderately Conservative CIF		intellicents Moderately Conservative	**	11,256.32
Mid Cap Growth Fund R1 Shares		Mid Cap Growth Fund R1 Shares	**	169,693.14
Small Cap Growth Fund II Class R1		Small Cap Growth Fund II Class R1	**	394,208.10
Small Cap Value Fund II CL R1		Small Cap Value Fund II CL R1	**	167,901.65
Stable Value CL R1		Stable Value CL R1	**	57,094.97
Wilmington Trust Flexpath Large Cap Value-R1		Wilmington Trust Flexpath Large Cap V	**	363,647.21
Total		Value of Interest in Common / Collective Trusts		27,897,080.11
Value of Interest in Registered Investment Companies				
American Funds Capital World Bond R6		American Funds Capital World Bond R6	**	34,424.18
American Funds New World R6		American Funds New World R6	**	159,367.50
Cohen & Steers Real Estate - Z		Cohen & Steers Real Estate - Z	**	54,604.13
Fidelity Advisor International Small Cap Fund Class I		Fidelity Advisor International Small	**	56,897.56
Fidelity® 500 Index Institutional Prem		Fidelity® 500 Index Institutional Pre	**	2,898,378.60
Fidelity® Inflation-Prot Bd Idx InstlPrm		Fidelity® Inflation-Prot Bd Idx Instl	**	64,100.73
Fidelity® Mid Cap Index Instl Prem		Fidelity® Mid Cap Index Instl Prem	**	271,699.88
Fidelity® Small Cap Index Instl Prem		Fidelity® Small Cap Index Instl Prem	**	615,963.58
Fidelity® Total Intl Index Instl Premium		Fidelity® Total Intl Index Instl Prem	**	504,726.78
Fidelity® US Bond Index Instl Prem		Fidelity® US Bond Index Instl Prem	**	334,329.92
Large Cap Growth Fund IV CL R1		Large Cap Growth Fund IV CL R1	**	1,021,944.33
PGIM High Yield R6		PGIM High Yield R6	**	199,824.58
Victory Sycamore Established Value R6		Victory Sycamore Established Value R6	**	89,554.65
Total		Value of Interest in Registered Investment Companies		6,305,816.39