Form **8937**
(December 2017)
Department of the Treasury
Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

OMB No. 1545-0123

Part I Reporting Issuer

1 Issuer's name	2 Issuer's employer identification number (EIN)
Capitol Federal Financial, Inc.	27-2631712

3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact
Kent Townsend	785-235-1341	KTownsend@capfed.com

6 Number and street (or P.O. box if mail is not delivered to street address) of contact	7 City, town, or post office, state, and ZIP code of contact
700 South Kansas Avenue	Topeka, KS 66603

8 Date of action	9 Classification and description
08/16/2024	Shareholder distribution - non-taxable distribution

10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
14057J101		CFFN	

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ Capitol Federal Financial, Inc. made a distribution, with respect to its common shares, to shareholders on August 16, 2024 of $0.085/share. Based on current information and estimates for the fiscal year ending September 30, 2024, this distribution is a return of capital.

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ Capitol Federal Financial, Inc. is treating the distribution as a return of capital, pursuant to Section 301(c)(2), which reduces the tax basis in the shares of the holder by the amount received ($0.085/share). The character of a distribution as either a dividend or return of capital for federal income tax purposes depends on Capitol Federal Financial, Inc.'s estimate of earnings and profits for the full fiscal year (October 1, 2023 through September 30, 2024). The information set forth in this form is based on estimates as of the date posted to Capitol Federal Financial, Inc.'s public website. Estimates can change throughout the year and, if they do, Capitol Federal Financial, Inc. will file an updated form for impacted distributions pursuant to Treasury Regulations guidance.

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ Based on Capitol Federal Financial, Inc.'s accumulated earnings and profits at the beginning of it's tax year, and the expected tax loss and current year earnings and profits deficit, Capitol Federal Financial, Inc. does not have any earnings and profits to distribute. As a result, the distribution received is a return of capital.

Part II Organizational Action *(continued)*

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶

Internal Revenue Code Sections 301(c) and 316(a).

18 Can any resulting loss be recognized? ▶ n/a

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶

This information relates to Capitol Federal Financial, Inc.'s fiscal year ending September 30, 2024 (October 1, 2023 through September 30, 2024). Shareholders should consult their own tax advisors to determine the income tax consequences of their specific situation. Capitol Federal Financial, Inc. is providing this form for informational purposes only and not as legal or tax advice.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ▶ Kent G. Townsend Date ▶ 8-16-2024

Print your name ▶ Kent G. Townsend Title ▶ EVP and Chief Financial Officer

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054