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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

\overline{A}	For th	ne 2008 ca	alendar	year, o	r tax year	beginning	Jl	JNE, 01	, 2008, a	nd endi	ing	MA	Y, 31	, 20	09	
		applicable	Please					CHNICAL CO	LLEGE				D Emp	loyer ide	ntification n	umber
_		s change	use IRS		Business /					•			85	ł	030370	5
	Name c		label or print or	Numb	er and street	(or P.O box if	mail is not d	elivered to street a	ddress)	Room/s	suite		E Tele	phone nur		
			type. See	POI	BOX 849								(505)	786-411	2
_	nıtıal re		Specific			te or country	, and ZIP +	+ 4		l					700_111	 -
	Fermina		Instruc- tions			T, NM, 87							G Gross	s receipts	1/183	0,575
		ed return	E Nan			rincipal offic		-			- 1					
	Application	on pending	' '''''	ne and a	uaicss or p	micipar omo	u.						• .		ates? Yes	_
_	T						40.47/-\/4\	- [] to:			∺				d? ∐Yes	
		empt status	S 🛂 5	501(c) (;	3) ◀ (inser	t no.)	4947(a)(1) c	or 527					-	•	e instructio	. •
_	Webs		П.					_	1			(c) Group		number ▶	<u>N./</u>	<u>4.</u>
_		organization		ration L	Trust L As	ssociation L	Other ►		L Year	of forma	tion.		M State	of legal of	domicile:	
Pá	art i	Summ	ary													
								st significant								
•		Navajo	Technic	cal Co	lege pro	motes aw	areness	about educ	ation an	d chara	acter	traits o	finteg	rity		
ž		and loya	alty to I	Navajo	Individu	ıals. Nava	ijo Techi	nical College	offers of	quality '	techn	ical, vo	cation	al		
H		and aca	demic	degree	s and ec	ducation i	n a nonc	discriminato	ry enviro	onment	t <u>.</u>	-				
ove	2	Check this	box ►	☐ if th	e organiza	tion discont	inued its o	perations or di	sposed of	more tha	an 25%	of its as	ssets.			
& Governance	1				_			y (Part VI, Iir					3	ł		5
S				_		-		overning boo	,	/I. line 1	1b)		4			1
Activities					_	rt V, line 2	_	••••••••••••••••••••••••••••••••••••••			, .	• •	5			121
Ć						imate if n			にし	j	• •	•	6			
٩	72	Total are	ee unre	l hatele	nucinace	revenue fi	rom Part	VIII, line 12,	column	(C)			72	,		
	'a	Net unre	lated bi	usines	s taxable	income fr	amt Fårm	QQU-T line	3/	ω, .			71			
		1101 01110		40	10010010		•	MAY 06	in		Τ	Prior Ye			Current Yea	ar
		المائية المائية	.		oto (Dort '	\/III lino 1	L \	MAY OO			<u> </u>	9.	536,55	1	12.87	0,129
ě	8	Contribu	Contributions and grants (Part VIII, line 1h) MAI #53										729,97			0,685
Revenue	9	Program	Contributions and grants (Part VIII, line 1h)										197,33			6,859
æ	10	Investme	ent inco	me (Pa	irt VIII, Co	olumn (A),	lines 3,	4, and (0)=	141		<u> </u>		95,99			2,902
	11 12	Other rev	venue (I	be—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							-	10,559,851				0,575
_	1					-				5 12)		10,	559,65	' 	14,03	0,575
					-	-		(A), lines 1-	3)		-					
s			•			-		(A), line 4)				4 74	0046	4	E 440 E	
nse				•			-	rt IX, column	(A), lines t	5–10)	-	4,747	,084.6	4	5,412,54	11.72
Expenses	16a	Profession	onal fun	draisin	g fees (Pa	art IX, colu	mn (A), li	ne 11e) .			70×6%	34 (1362)	3156	- BS/ALCS/A		A\$78.5
ũ	b	Total fund	draisıng	j expen	ses (Part	IX, column	າ (D), line :	25) ▶								
	17	Other ex	penses	(Part I	X, colum	ın (A), line:	s 11a-11	d, 11f–24f)					,262.3		7,912,75	
								t IX, column	(A), line 2	25)(<u>'</u>	11,	012,34	7	13,32	25,294
		Revenue	less ex	penses	. Subtract	t line 18 fro	om line 1	2 // 200	5/6/	17X'	<u> </u>			-		
ances	ŀ							1/200	1 . N	1/3	Be	ginning			End of Yea	
set	20	Total ass	sets (Pa	art X, lii	ne 16) .			A/	NA: 1]]]./.	<u> </u>		035,20			<u> 3,957</u>
Net Asset Fund Bala	21	Total liab	oilities (l	Part X,	line 26)				. Y 91	G/		7,	040,98	1		<u> 30,195</u>
25	22	Net asse	ts or fu	ınd bal	ances. S	ubtract lin	e 21 fror	m line 20 .	<u>/.'</u> 9	<u></u>		18,	994,22	7	20,94	3,762
Pa	art II	Sign	ature	Block												
		Under pe	enalties of	f perjury,	I declare th	at I have exa	mined this	return, including eparer (other tha	accompany	ying sche	dules a	nd statem	ents, and	to the be	st of my kno	owledge
		and belie	91, IC IS UY	ie, correc	x, and com	ipiede Deciai	ration of pre	eparer (other th	onicer) is	baseu o	nı an ıın		5- Z		nas any kiic	wieuge
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He		Sign	ature of o	officer								Dat	е			
			DR.	ELME	IR GUY,	, PRESI	DENT									
		Туре	e or print				-		•							
		Preparer'	·. A						Date		Check if	f		's identifyir	ng number	
		signature									self- employe	ed ▶ □	d ▶ ☐ (see instructions)			
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Form 990 (2008)

Par	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission: Navajo Technical College promotes awareness about education and character traits of integrity and loyalty to Navajo Individuals. Navajo Technical College offers quality technical, vocational	
	and academic degrees and education in a nondiscriminatory environment.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	✓ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	☑ No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exper Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grar allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	// visitation / vi	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
		•••••••
	Other program services. (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► \$ 7,766,998 (Must equal Part IX, Line 25, column (B).)	

Pa	T IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓.
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		/
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		1
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	17		√
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		\
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		/
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 57 If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		✓
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III	27		1

Pa	t IV Checklist of Required Schedules (continued)			
		-h-s -#./	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	3 tm. 4	veren ve
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30_		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI.,	37		✓

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ļ
	gaming (gambling) winnings to prize winners?	1c	✓	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 121			·
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶		,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_		,
_	Regarding Prohibited Tax Shelter Transaction?	5c		√
	Did the organization solicit any contributions that were not tax deductible?	6a		-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
	Organizations that may receive deductible contributions under section 170(c).	, ~ ~,		, 3
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a 7b		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	75		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
	required to file Form 8282?		2.50	1.3
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		, , , , , , , , , , , , , , , , , , ,	
	benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			,
	required?	7h		—
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	25-	र संबंधि	61.70
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8	<u> </u>	1
	organization, have excess business holdings at any time during the year?	~		1. 3.3
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	A-12	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
	Section 501(c)(7) organizations. Enter:	ĺπ Šes ×t.	, . mg."	1
	Initiation fees and capital contributions included on Part VIII, line 12	%		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A			
	Section 501(c)(12) organizations. Enter:		Ş.,	4.
	Gross income from members or shareholders	Carlor Carlor	7.4 6	, A
b	Gross income from other sources (Do not net amounts due or paid to other sources against	£.	ا براتشراء	
	amounts due or received from them.)	استشد		<u> </u>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	l	
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a				
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	✓	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members of stockholders, or other persons who may elect one or more members			
, a	of the manager hand O	7a		1
h	or the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ü	the year by the following:			
а		8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	\	
9a	Does the organization have local chapters, branches, or affiliates?	9a	1	
	•		•	
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	✓	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	-	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			_
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		· •
Sec	tion B. Policies		V	Na
		12a	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	128	•	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	1	
	rise to conflicts?	120	_ •	-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	√	
14	Does the organization have a written document retention and destruction policy?	14	√	10.1
15	Did the process for determining compensation of the following persons include a review and approval by	**		ĝ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	√	
b	Other officers or key employees of the organization?	15b	✓	- ,
	Describe the process in Schedule O. (see instructions)	-3	28 % 5	5.7 5
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		l	لستا
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			70 70
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	الْمُ مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ م		
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶New Mexico	. 		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr	:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☑ Own website ☐ Another's website ☐ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	mpensate	any o	offic	er,	dıre	ctor,	trus	tee, or key em	ployee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d	checl	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Elmer J. Guv President						1		96,000		
Thomas Davis Dean of Instruction					1			75,132		
Francis Becenti Associate Dean					1			70,475		
Francis Ellis Instructor- Nursing Assistant					1			67,000		
Lawrence Isaac Dean of Student Service					1			66,411		
Tom Platero Chairperson				1	Ť			0		
Richard Begaye Vice Chairperson				1				0		
Tincer T. Nez Secretary/ Treasurer				1				0		
Harry Claw Member	-			1				0		
Lynda Lovejoy Member				√				0		
		İ						_		

	(A)	(B)	1		(6)			(D)	(E)	(F)
	Name and title	Average hours per week	Position individual trustee or director	c Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
•••••											
								_			
									- <u></u>		
1b To	ntal			Щ.	<u> </u>	<u> </u>	L				
or	otal number of individuals (including those ganization under the organization list any former office										Yes N
4 Fo	mployee on line 1a? If "Yes," complete S or any individual listed on line 1a, is the see organization and related organizations dividual.	um of rep	ortabl	e c	omp	ens	ation				3 4
5 D	id any person listed on line 1a receive ervices rendered to the organization? If "	or accrue Yes," comp	compolete	pen: S <i>ch</i>	satı edu	on t le J	rom <i>for</i> s	any <i>uch</i>	unrelated org	anization for	5
Section	on B. Independent Contractors										
	omplete this table for your five highest compensation from the organization.	ompensate	ed ind	epe	nde	nt o	contra	acto	rs that receive	d more than \$1	00,000 of
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
								1			

Par	: VII	Statement of Re	venue	-	. —			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (control All other contributions, gifts, g and similar amounts not include Noncash contributions include Total. Add lines 1a–1f	grants, ided above 1f	10,209,001	12,870,129			
		TOTAL TITLE THE TENT		Business Code	10,000,000			
Program Service Revenue	2a b	Charges for goods & Cafeteria/Bookstore r	evenue		974,515 596,170			
ervi	d							
E	e							
ogra	f	All other program servi	ce revenue .					
<u> </u>	g	Total. Add lines 2a-2f	<u> </u>	<u> ▶</u>	1,570,685		*	
	3	Investment income (income similar amounts) Income from investment of		🕨	76,859			
	5	Royalties						
			(i) Real	(ii) Personal			. 4 1	12 BJ
	6a	Gross Rents				1 2 E	171 G 🐞	. * , *
	ı	Less: rental expenses			4 ,			-
	d	Rental income or (loss) Net rental income or (lo			<u> </u>			<u></u>
	_	·	(i) Securities	(II) Other	2		-	
		Gross amount from sales of assets other than inventory	() Godanios	(ii) Gala				- , ,
		Less. cost or other basis and sales expenses .						
	d	Gain or (loss) Net gain or (loss)		•				
evenue	8a	Gross income from events (not including \$	fundraising					** > 4 /
æ		of contributions reported See Part IV, line 18			/ mil 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		¢ # *\$ *	\$ /\$\ \B\ \\
ē	١,	Less: direct expenses				r, i	i i	
Other		Net income or (loss) from		vents ►				
		Gross income from gam See Part IV, line 19	ning activities.		÷ ;		a company	
		Less: direct expenses,		***	i de la cha	413 42-12/12	1. 5. L. 181 L. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	1	Net income or (loss) from		ities ►	1. 27 1 1		\$ 24 . 18 . 1	75 75 48 I
	10a	Gross sales of inverteurns and allowances			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	" "	ere majo	408-
	ь	Less: cost of goods so			11.100000000000000000000000000000000000	The second secon	3/27 3/1	
		Net income or (loss) from		ory >		19144-1-114h		(/
		Miscellaneous Reve	enue	Business Code			一体 验,春,少	
	11a	Indirect cost recovery	/		98,233			
	b				1			
	C				244.000			
	d	All other revenue			214,669 312,902	3	20, 7	· • • • • • • • • • • • • • • • • • • •
		Total Revenue Add lie			312,902	<u>,</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	12	Total Revenue. Add lings, 10c, and 11e	nes in, 2g, 3, 4,	o, 6a, 7a, 8c, ►	14,830,575			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 50 All other organizations must complete col				(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	375,018	375,018		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,186,067.28	3,362,485.33	823,581.95	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	154,818.98		34,371.37	
10	Payroll taxes	696,637.46	444,590.94	252,046.52	
11	Fees for services (non-employees):				
а	Management				
	Legal	57,609.05		57,609.05	
	Accounting	55,759.28	55,759.28		
	Lobbying		· · · · · · · · · · · · · · · · · · ·		
	Professional fundraising services. See Part IV, line 17		<u> </u>		
	Investment management fees	700 050 54	507 226	400 630 54	
g	Other	706,956.51		199,630.51	
12	Advertising and promotion	85,867.25	27,055.91	58,811.34	
13	Office expenses	329,014.81	238,319.81	90,695	<u></u>
14	Information technology	323,014.01	230,319.01	30,033	
15	Royalties	1,506,037.39		1,506,037.39	
16	Occupancy	276,317.86		139,360.86	
17	Travel	210,011100	100,000	100,000,00	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	183,556.58	83,236.85	100,319.73	
20	Interest			,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,594,634		1,594,634	
23	Insurance	390,828.37	278,809.96	112,018.41	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed			-	
	5% of total expenses shown on line 25 below.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# 1, 1, 1 · · · · · · · · · · · · · · · ·	· (41) ·
а	Equipment/Supplies	2,281,137.71	731,181.23	1549956.48	
b	Stipend	92,500	49,950	42,550	_
C	Utilities	212,948.43	122,693.95	90,254.48	
d	Scholarship Poli Grant	238,100 1,028,264.13	1,028,264.13	238,100	
е	Pell Grant			(1331681.09)	
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	(1,126,779) 13,325,294	204,902 7,766,998	5,558,296	
25 26	Joint Costs. Check here ► ☐ if following	13,325,294	7,700,990	3,330,230	
20	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation		!		
	<u> </u>				

Pa	ırt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3755204	1	2570352
	2	Savings and temporary cash investments	2155622	2	2207019
	3	Pledges and grants receivable, net	1469103	3	1559681
	4	Accounts receivable, net	37,628	4	358,553
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	****
SS	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	51,733
	10a	Land, buildings, and equipment: cost basis 10a 29,803,515	•		· .
	b	Less: accumulated depreciation. Complete			40.000.007
		Part VI of Schedule D	18,301,662		19,233,327
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13 14	
	14	Intangible assets	245.000		402 202
	15 16	Other assets. See Part IV, line 11	315,989 26,035,208		493,292 26,473,957
			918,864		642,647
	17	Accounts payable and accrued expenses	310,004	18	042,047
	18	Grants payable	6,122,117		4,756,297
	19	Deferred revenue	0,122,117	20	7,730,237
Ś	20	Tax-exempt bond liabilities		21	
Liabilities	21 22	Escrow account liability. Complete Part IV of Schedule D			
Lia		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	7 0 40 004	25	131,251
	26	Total liabilities. Add lines 17 through 25	7,040,981	26	5,530,195
alances		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.		1- ",	
<u>la</u>	27	Unrestricted net assets	353,585		1,427,557
œ	28	Temporarily restricted net assets	338,980		
핕	29	Permanently restricted net assets	18,301,662	29	19,233,327
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
ţ.	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	18,994,227	33	20,943,762
	34	Total liabilities and net assets/fund balances	26,035,208	34	26,473,957
Pa	rt XI	Financial Statements and Reporting			
			_		Yes No
1	Acc	ounting method used to prepare the Form 990: Cash Accrual			لنداج ناحدا
2 a		e the organization's financial statements compiled or reviewed by an ind		? .	
b		e the organization's financial statements audited by an independent according			. 2b ✓
C		'es" to lines 2a or 2b, does the organization have a committee that assumes		-	1 _ 1 1
_		audit, review, or compilation of its financial statements and selection of an inc			
	the				2
b	If "Y	'es," did the organization undergo the required audit or audits?			. 3b ✓

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

<u>Nav</u>	ajo	rechnical C	ollege								85 :		030370	<u>5</u>	
Pai	rt I	Reason	for Pu	blic Cl	narity Sta	atus (All o	rganizati	ons mus	st compl	ete this	part.) (se	ee instru	ctions		
1 2		anization is n A church, co A school de	onventioi scribed i	n of chu In secti e	rches, or on 170(b)	association (1)(A)(ii). (At	of churc	hes desc edule E.)	ribed in s	section 1	70(b)(1)(
3 4		A hospital o A medical re hospital's na	esearch of the search of the s	organiza , and st	ation oper ate:	ated in con	junction v	with a ho	spital de	scribed i	n section	170(b)(1)(A)(iii)	. Ente	er the
5	Ø	An organization 170					ege or uni	iversity o	wned or o	operated	by a gov	emmenta	l unit d	escrit	bed ir
6 7		A federal, st An organizat		-		-				-		•	the ge	neral i	public
8 9	An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gree receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											gross of its			
10 11		An organization An organization purposes of 509(a)(3). Cl	tion orga	anized a nore pu	and opera	ted exclusi ported orga	vely for ti nizations	he benef describe	ıt of, to p d in secti	perform to on 509(a	the functi)(1) or se	ions of, o ction 509(r to ca (a)(2). S	arry o See se	ut the
е		a Type By checking persons othe 509(a)(1) or	this bo er than fo	x, I cer oundation	n manage	he organiza		ot contro	lled direc	tly or inc	directly b	y one or		disqu	alıfıed
f g		If the organic organization Since Augus	, check to t 17, 20	this box									lll sup	porti	ng . [
		following pe (i) A persor	who di			y controls,				th persor	ns descri	bed in (ii)	11g(i)	Yes	No
h		(ii) A family (iii) A 35% of Provide the	member ontrolled	of a pe	erson desc of a perso	cribed in (ı) on describe	above? d in (i) or	 (II) above		 upports.			11g(ii) 11g(iii)		
		of supported anization	(ii)		(iii) Type of (described above or	of organization on lines 1-9 IRC section structions)	(iv) is the o	organization sted in your document?	(v) Did y the organ col. (i)	rou notify nization in of your port?	organizat (i) organi	Is the tion in col zed in the S?		Amoun	
							Yes	No	Yes	No	Yes	No			
											_				
						<u></u>									
		<u></u>													
			# Kart	2.4 (3.2)	Sea House (S		ineritada	98808 334-48				34445.78 K			
Tota	1										4.5				

Total

Scheoule A (Form 990 or 990-EZ) 2008 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 9,049,798 9,536,551 12,870,129 31,456,478 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 9.049.798 9.536.551 12,870,129 31,456,478 Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 31,456,478 Public support. Subtract line 5 from line 4. Section B. Total Support (b) 2005 Calendar year (or fiscal year beginning in) ▶ (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total 31,456,478 9,049,798 9,536,551 12,870,129 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 197,333 76,859 274,192 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 31,730,670 (Explain in Part IV.) The same of the Total support. Add lines 7 through 10 . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) % 100 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33% % support test-2008. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box b 33% % support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the .▶ □ organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

Sche	dule A (Form 990 or 990-EZ) 2008						Page 3
	Support Schedule for Orga (Complete only if you check)(2)	***************************************	
Sec	tion A. Public Support	ed the bex e	<u> </u>				
	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
			<u> </u>				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						_
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			:			
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b			· -			
8	Public support (Subtract line 7c from						
	line 6.)	* A 444 * 5 * 5 * 5 * 5 * 5 * 5 * 5 * 5 * 5	18 " 30 1 18	30 AM DA	th lights		
	tion B. Total Support						·
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						•
С 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for organization, check this box and stop	here					n 501(c)(3) ▶ □
	tion C. Computation of Public Su						
15	Public support percentage for 2008 (lin	ie 8. column (f) divided by lin	e 13. column i	(f))	15	%

4	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax y organization, check this box and stop here	ear as	a section 501(c)(3) ► □
ec	tion C. Computation of Public Support Percentage		
5	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	<u>%</u>
6	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	<u></u>
ec	tion D. Computation of Investment Income Percentage		
7	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .	17	%
8	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
9a	331/3 % support tests – 2008. If the organization did not check the box on line 14, and line 15 is r 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly		
b	33\% % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 1 line 18 is not more than 33\% %, check this box and stop here. The organization qualifies as a publicly		

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

chedule A (F	chedule A (Form 990 or 990-EZ) 2008 Page 4				
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10 Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	;			
	-				
	······································				
· • • • • • • • • • • • • • • • • • • •					

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Nam	of the organization		Ī	Employer identification r	number
Nav	ajo Technical College		85 0303	705	
Pa	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Func	ds or Accounts. Co	omplete if
		(a) Donor advised funds		(b) Funds and other acc	counts
1	Total number at end of year				<u></u>
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year) .				
4	Aggregate value at end of year				
5	Did the organization inform all donors and funds are the organization's property, subj				Yes 🗌 No
6	Did the organization inform all grantees, d used only for charitable purposes and not impormissible private benefit?	for the benefit of the donor or donor adv	isor or	r other	V □ N-
Do	impermissible private benefit? rt II Conservation Easements. Com	plete if the organization answered "Yes	" to E	orm 000 Port IV lin	Yes No
				omi 990, Part IV, iini	e 7.
2	Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a–2d if the organization held on the last day of the tax year.	., recreation or pleasure)	ion of a	an historically importar certified historic struin of a conservation eas	cture
				图 Held at the I	End of the Year
а	Total number of conservation easements.			. 2a	
b	Total acreage restricted by conservation e	asements			
С	Number of conservation easements on a conservation	certified historic structure included in (a) .		. 2c	
d	Number of conservation easements includ	ed in (c) acquired after 8/17/06		2d	
3	Number of conservation easements modified the taxable year ▶	ed, transferred, released, extinguished, or	r termı	inated by the organization	ation during
4	Number of states where property subject	to conservation easement is located >			
5	Does the organization have a written polic enforcement of the conservation easemen				Yes 🗌 No
6	Staff or volunteer hours devoted to monitor				
7	Amount of expenses incurred in monitoring		_	-	
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			🛚	Yes 🗌 No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.				
Pai		ections of Art, Historical Treasures, on wered "Yes" to Form 990, Part IV, line 8			
1a	If the organization elected, as permitted ur art, historical treasures, or other similar assi provide, in Part XIV, the text of the footnot	ets held for public exhibition, education, or	resea	rch in furtherance of p	
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to to (i) Revenues included in Form 990, Part X (ii) Assets included in Form 990, Part X .	held for public exhibition, education, or rhese items: //III, line 1	researc	ch in furtherance of p	public service,
2	If the organization received or held works following amounts required to be reported	under SFAS 116 relating to these items:		-	, provide the
а	Revenues included in Form 990, Part VIII,	line 1			•••••
b	Assets included in Form 990, Part X			> \$	••

Р	200	2
-	au	_

Par	t III Organizations Maintain	ing Collections	of Art, Histori	cal Treasure	s, or O	ther Similar As	sets (continued	2
3	Using the organization's accession items (check all that apply):	and other record	s, check any of	f the following	that an	e a significant us	e of its collection	n
а	Public exhibition		d ∐	Loan or excl	nange p	rograms		
b	Scholarly research		е 🗌	Other				
С	Preservation for future genera	tions						
4	Provide a description of the organia Part XIV.	zation's collection	s and explain h	ow they furth	er the or	rganization's exei	mpt purpose in	
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive der than to be maint	onations of art, lained as part of	historical treas the organization	ures, or one	other similar ection?	Yes No	o
Pai	Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1a	Is the organization an agent, truste included on Form 990, Part X?				tions or	other assets not	Yes N	o
b	If "Yes," explain the arrangement in	n Part XIV and co	mplete the follo	wing table:		T		
						Arr	ount	
C					. 1c	<u> </u>		_
d	Additions during the year				. 1d			_
e	Distributions during the year				. <u>1e</u>			
f					. <u>1f</u>	<u> </u>		_
	Did the organization include an am If "Yes," explain the arrangement in	n Part XIV.					∐ Yes ∐ Ne	<u>ہ</u>
Pai	t V Endowment Funds. Co		ization answer					
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years back	(e) Four years back	١
1a	Beginning of year balance		. 🐫	, ,	`;` -	** ^v .	; ,, ,	_
b	Contributions			·Q.	- 13		1,78°4 %.	_
C	Investment earnings or losses .			,	v : ½**			_
d	Grants or scholarships						3	_
e	Other expenditures for facilities and programs				* ,			7
f g	Administrative expenses End of year balance		Num C.1		2	1		
2	Provide the estimated percentage	of the year end ba	lance held as:					
а	Board designated or quasi-endowr	nent 🕨	%					
ь	Permanent endowment ▶	%						
С	Term endowment ▶9	6						
За	Are there endowment funds not in the	ne possession of t	he organization	that are held a	and adm	inistered for the		_
	organization by:		-				Yes No	<u>_</u>
	(i) unrelated organizations						3a(i)	_
	(ii) related organizations						3a(ii)	
	If "Yes" to 3a(II), are the related org						3b	_
4	Describe in Part XIV the intended u							
Par	t VI Investments—Land, B	uildings, and Ed	uipment. See	Form 990, I	Part X, I	ine 10.		_
	Description of investment	(a) Cost or o		Cost or other asis (other)		Depreciation	(d) Book value	
1a	Land				1 () () () () () () () () () (The way and	228,871	_
b	Buildings						25,158,725	_
c	Leasehold improvements						1,037,874	
d	Equipment						3,606,916	_
	Other				10,	799,059		
Tota	I. Add lines 1a-1e. (Column (d) should	equal Form 990, Pa	art X, column (B),	line 10(c).) .		>	19,233,327	7

Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
•••••			
			
•••••			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments-Program Relate	d. See Form 990. Part X.	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
	(-,	Cost or end-of-year ma	
	·		
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		·	
Part IX Other Assets. See Form 990, Pa	rt X, line 15.		<u> </u>
	(a) Description		(b) Book value
<u></u>			
		•	
			<u></u>
Total. (Column (b) should equal Form 990, Part X, col	(B) line 15)	·	
Part X Other Liabilities. See Form 990,			
(a) Description of liability	(b) Amount	Catt. Attacks the	· in a standard in the
Federal income taxes	(-)		
Refundable deposits	98,153		
Compensated absences	33,098		
			2. 2. 2. 2.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	131,251		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Page	4
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Pai	Reconciliation of Change in Net Assets from Form 990	to Financial Statem	<u>ients</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	14,830,575
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	13,325,294
3	Excess or (deficit) for the year. Subtract line 2 from line 1		1 - 1	1,505,281
4	Net unrealized gains (losses) on investments		4	0
5	Donated services and use of facilities		1 - 1	0
6	Investment expenses		1 . 1	0
7	Prior period adjustments		7	0
8	Other (Describe in Part XIV)		8	0
9	Total adjustments (net). Add lines 4–8		9	0
10	Excess or (deficit) for the year per financial statements. Combine lines	3 and 9	10	1,505,281
Pai	t XII Reconciliation of Revenue per Audited Financial Sta	tements With Reve	nue per Ret	
1	Total revenue, gains, and other support per audited financial statement	nts	. 1	14,830,575
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	14,830,575
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С			. 4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, lin			14,830,575
Pa	t XIII Reconciliation of Expenses per Audited Financial St	atements With Exp	<u>enses per R</u>	
1	Total expenses and losses per audited financial statements		. 1	13,325,294
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	(-)	<u> </u>	
а	Donated services and use of facilities	2a	*	
b	Prior year adjustments	2b		
C	Losses reported on Form 990, Part IX, line 25	2c	,	
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	13,325,294
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		. 4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Par t XIV Supplemental Information	t I, line 18)	. 5	13,325,294
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and l			V, lines 1b
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Schedule D (For		Page 5
Part XIV	Supplemental Information (continued)	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Navajo Technical College

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection

0303705

Employer identification number

85

VI Section B Part 12c The Board Meetings are organized monthly where the program reports are required to be
presented to the Board Members. The program report has the components that require compliance with the policies
set by NTC.
VI Section B Part 15b The process for determining compensation of the CEO, Executive Directior and key employees
include a review and approval by indepdent persons and others. The process of hiring begins with an annoucement of
an available position in newspapers. After interviewing the potential candidates suitable for the job, the board is
presented with the top candidates. The Board makes the ultimate decision on hiring an employee.
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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
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