

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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
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
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: NAVAJO TECHNICAL UNIVERSITY 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1993
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code
2b Employer Identification Number (EIN): 85-0303705
2c Plan Sponsor's telephone number: 505-786-4104
2d Business code (see instructions): 611000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	426
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)	271
	6a(2)	297
	6b	0
	6c	135
	6d	432
	6e	0
	6f	432
	6g(1)	419
6g(2)	431	
6h	0	
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:
3D 2E 2F 2G 2J 2A

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan NAVAJO TECHNICAL UNIVERSITY 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NAVAJO TECHNICAL UNIVERSITY	D Employer Identification Number (EIN) 85-0303705	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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	CUSTODIAN	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	52736	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CAMBRIDGE INVESTMENT RESRCH

1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556-8757

42-1445429

(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?
49	TP SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	38453	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LEGACY BENEFIT SERVICES LLC

5600 S QUEBEC ST
SUITE 141B
GREENWOOD VILLAGE, CO 80111

71-0948945

(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?
63 99	TPA	4680	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5493	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

LEAFHOUSE FINANCIAL ADVISORS LLC

BLDG 5 STE 405
6011 W COURTYARD DR.
AUSTIN, TX 78730

26-4311657

(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	INVESTMENT ADVISOR	5431	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	
(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan NAVAJO TECHNICAL UNIVERSITY 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NAVAJO TECHNICAL UNIVERSITY	D Employer Identification Number (EIN) 85-0303705

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	114473 79265
(2) Participant contributions	1b(2)	100 0
(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)	
(9) Value of interest in common/collective trusts	1c(9)	
(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)	10280088 11355209
(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	10394661	11434474
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	10394661	11434474

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)	929683	
(B) Participants.....	2a(1)(B)	386922	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1316605
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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		
(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)		785585
c Other income	2c		6315
d Total income. Add all income amounts in column (b) and enter total.....	2d		2108505

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	961899	
(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)		961899
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)	10173	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	96620	
(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)		106793
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1068692

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1039813
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: **MIDWEST PROFESSIONALS, PLLC**

(2) EIN: **38-3571340**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	47535
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan <u>NAVAJO TECHNICAL UNIVERSITY 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NAVAJO TECHNICAL UNIVERSITY</u>	D Employer Identification Number (EIN) <u>85-0303705</u>	

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): 04-1590850

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

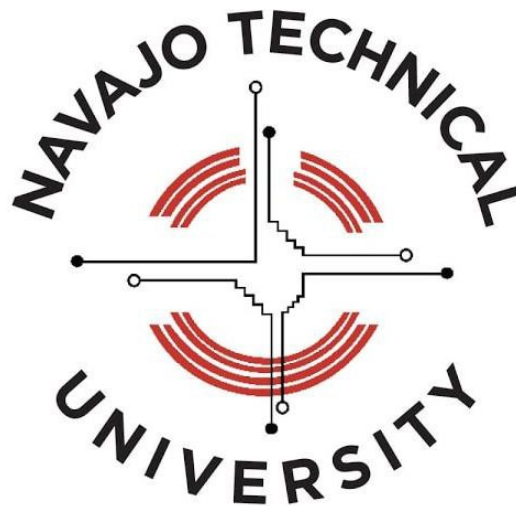
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703729A.



Navajo Technical University

401(k) Profit Sharing Plan

AUDITED FINANCIAL STATEMENTS

For the year ended May 31, 2025

Navajo Technical University

401(k) Profit Sharing Plan

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INDEPENDENT AUDITORS' REPORT

INDEPENDENT AUDITORS' REPORT

To the Plan Trustees and Plan Administrator of
the Navajo Technical University 401K Profit Sharing Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the FY25 Financial Statements

We have performed an audit of the accompanying financial statements of the Navajo Technical University 401K Profit Sharing Plan ("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 May 31, 2025, and the related statement of changes in net assets available for benefits for the fiscal year 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 FY25 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 year ended May 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the FY25 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the FY25 Financial Statements section—

- the amounts and disclosures in the FY25 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 FY25 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 on the FY25 Financial Statements

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 FY25 Financial Statements section of our report. We are required to be independent of the Navajo Technical University 401K Profit Sharing 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 for the FY25 Financial Statements

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 the 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 FY25 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the FY25 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 the 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 the 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 FY25 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.

Other Matters*FY25 Supplemental Schedules Required by ERISA*

The supplemental schedules of assets (held at end of year) and delinquent participant contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are 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).

Auditor's Report on the FY24 Financial Statements

The financial statements of the Plan as of May 31, 2024, were audited by predecessor auditors. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated March 14, 2025 indicated that in their opinion (a) the amounts and disclosures in the FY24 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the FY24 financial statements 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). Their report also indicated that the form and content of the FY24 supplemental schedule, other than the information in the FY24 supplemental schedule that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the FY24 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).

Midwest Professionals, PLLC

Gaylord, MI
March 13, 2026

FINANCIAL STATEMENTS

Navajo Technical University 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
May 31, 2025 and 2024

	<u>May 31, 2025</u>	<u>May 31, 2024</u>
Assets		
Investments, at fair value	\$ 11,355,209	\$ 10,279,629
Total investments	<u>11,355,209</u>	<u>10,279,629</u>
Receivables		
Participant contributions	-	100
Employer contributions	<u>79,265</u>	<u>114,473</u>
Total receivables	<u>79,265</u>	<u>114,573</u>
Total Assets	<u><u>11,434,474</u></u>	<u><u>10,394,202</u></u>
Net Assets Available for Benefits	<u><u>\$ 11,434,474</u></u>	<u><u>\$ 10,394,202</u></u>

The accompanying notes are an integral part of these financial statements.

**Navajo Technical University 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended May 31, 2025**

Additions to net assets attributed to:

Investment income	
Net appreciation in fair value of investments	\$ 785,585
Total investment gains	<u>785,585</u>

Contributions	
Participant	386,922
Employer	929,683
Total contributions	<u>1,316,605</u>

Other Income	6,315
--------------	-------

Total additions	<u><u>\$ 2,108,505</u></u>
------------------------	----------------------------

Deductions from net assets attributed to:

Benefits paid to participants	\$ 961,899
Administrative expenses	106,792

Total deductions	<u><u>\$ 1,068,691</u></u>
-------------------------	----------------------------

Increase in net assets available for benefits	1,039,814
--	-----------

Net assets available for benefits, beginning of year	10,394,660
---	------------

Net assets available for benefits, end of year	<u><u>11,434,474</u></u>
---	--------------------------

The accompanying notes are an integral part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

Navajo Technical University 401(k) Profit Sharing Plan
Notes to Financial Statements
May 31, 2025 and 2024

1) Description of Plan

The Navajo Technical University 401(k) Profit Sharing Plan (the “Plan”) was established in 1993 and adopted by the Navajo Technical University (the “University”), formerly Navajo Technical College, which covers substantially all of its employees. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a qualified defined contribution retirement plan commonly referred to as a profit-sharing plan covering all full-time employees of the University who have one year of service and are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of (a) the University’s contribution, (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant’s earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants become vested in the employer contributions for the Plan year according to the vesting schedule. To earn one year of service, you must be credited with at least 1,000 hours of service during a Plan year. Vesting in the University’s contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after 4 years of credited service.

<u>Years of Service</u>	<u>Percent Vested</u>
1	0%
2	33%
3	67%
4	100%

Navajo Technical University 401(k) Profit Sharing Plan
Notes to Financial Statements
May 31, 2025 and 2024

1) *Description of Plan — continued*

Contributions

Each year, as defined by the Plan, participants may contribute up to the maximum annual limits defined by the IRS. The Plan has elected to be a safe harbor plan and the Plan adopted certain provisions providing for non-elective safe harbor contributions. Each participant's share is determined as a percentage of their compensation and funded at the end of each pay period. For the year ending May 31, 2025, the percentage contributed was 3%. Participants direct the investment of their elective deferrals and employer safe harbor matching contributions among investment options offered by the Plan. Additionally, the University may make employer profit-sharing contributions. These contributions are discretionary. In any year in which an employer discretionary contribution is made and in which the employee is an eligible participant, an allocation will be made to participants eligible to share in the contribution for the plan year. Each participant's share is determined as a percentage of their compensation. For the years ending May 31, 2025 and 2024, the percentage contributed was 4%. The amounts contributed may not exceed the maximum amounts prescribed by law.

Participants may also transfer or rollover amounts from other qualified retirement plans into the Plan. Rollovers into the Plan for the year ended May 31, 2025 were \$0 and are included in contributions in the statement of changes in net assets available for benefits.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions into several investment options offered by The Plan. Participants may change their investment options each business day. Participants automatically enrolled into the Plan will be placed into a target date plan based on the participants' estimated year of retirement.

Forfeited Accounts

As of May 31, 2025, and 2024, forfeited nonvested accounts totaled \$29,340 and \$22,030, respectively. These accounts will be used to either reduce administrative expenses of the Plan or reduce future employer contributions in a nondiscriminatory manner at the discretion of the Plan Administrator.

Navajo Technical University 401(k) Profit Sharing Plan
Notes to Financial Statements
May 31, 2025 and 2024

1) *Description of Plan — continued*

Payments of Benefits

Upon termination of service due to death, disability or retirement or other reasons, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Plan Termination

Although it has not expressed an interest to do so, the University has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to ERISA provisions. In the event of Plan termination, participants will receive the full amount of their accounts.

Tax Status

The prototype Plan adopted by the University has received a favorable determination letter from the Internal Revenue Service dated March 31, 2014, which stated that the Plan, as then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's 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 Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of May 31, 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Navajo Technical University 401(k) Profit Sharing Plan
Notes to Financial Statements
May 31, 2025 and 2024

2) *Summary of Significant Accounting Policies*

Basis of Accounting

The financial statements presented have been prepared on the accrual basis of accounting based on the accounting standards promulgated by the Financial Accounting Standards Board.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments are recorded when paid.

Investment Valuation and Income Recognition

In compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan values its investments at fair value. If available, quoted market prices are used to value investments. The investment contract is a fully benefit responsive investment contract for which contract value is equal to fair value. In accordance with valuing investments at fair value, the net unrealized appreciation or depreciation is presented in the statement of changes in net assets available for benefits.

Expenses

Participants are charged asset-based fees, which are reflected in the net asset value (NAV) of the investment. The Plan also pays outside service providers for Plan administrative services, such as legal, accounting and recordkeeping services. To the extent that these expenses are not charged against forfeitures or paid by the University, the Plan charges these expenses on a pro rata basis, at a flat rate per participant, or based on asset size against participants' accounts. The total direct and indirect transaction fees paid from the Plan were \$10,111 and \$96,682, respectively, for the year ended May 31, 2025.

Navajo Technical University 401(k) Profit Sharing Plan
Notes to Financial Statements
May 31, 2025 and 2024

3) *Information Prepared and Certified by the Custodian*

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide, the custodian of the Plan, has certified to the completeness and accuracy of the following:

- a. Total investments at fair value as shown in the accompanying statements of net assets available for benefits were \$11,355,209 and \$10,279,629 at May 31 2025 and 2024, respectively.
- b. Net appreciation in the fair value of investments as shown in the accompanying statement of changes in net assets available for benefits was \$687,969 for the year ended May 31, 2025.
- c. Schedule H, Part IV, line 4i – schedule of assets (held at end of year) as of May 31, 2025.

4) *Fair Value Measurements*

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. 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.

Navajo Technical University 401(k) Profit Sharing Plan
Notes to Financial Statements
May 31, 2025 and 2024

4) Fair Value Measurements — continued

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3).

The Plan uses appropriate valuation techniques based on available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The hierarchy is measured in three levels based on the reliability of the inputs:

Level 1 Fair Value Measurements – Valuations based on unadjusted quoted prices in active markets for identical assets that the Plan has the ability to access at the measurement date.

Level 2 Fair Value Measurements – Valuations based on inputs other than quoted prices included within Level 1 that are observable for the asset, either directly and indirectly. Observable inputs include quoted prices for similar assets in active or non-active markets.

Level 3 Fair Value Measurements – Valuations derived through the use of valuation models or methodologies using significant unobservable inputs. Level 3 valuations incorporate certain assumptions and projections that are not observable in the market and as a result significant professional judgment may be used in determining the fair values.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2025 and 2024.

Registered Investment Company Shares – Valued at the net asset value of shares held by the Plan at the end of each day, which is determined by quoted prices in an active market.

Navajo Technical University 401(k) Profit Sharing Plan
Notes to Financial Statements
May 31, 2025 and 2024

4) Fair Value Measurements — continued

The following tables set forth, by level within the fair value hierarchy, the Plan’s assets at fair value as of May 31, 2025 and 2024:

	Total		Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)
May 31, 2025			
Registered investment company shares	\$ 11,355,209	\$	11,355,209
Total investments at fair value			
May 31, 2024			
Registered investment company shares	\$ 10,279,629	\$	10,279,629
Total investments at fair value			

5) *Risks and Uncertainties*

The Plan invests in various 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 participants’ account balances and the amounts reported in the statements of net assets available for benefits.

Navajo Technical University 401(k) Profit Sharing Plan
Notes to Financial Statements
May 31, 2025 and 2024

6) *Related Party and Party-in-Interest Transactions*

Certain Plan investments are managed by Nationwide, the custodian of the Plan; therefore, transactions with this entity qualify as exempt party-in-interest transactions. During the year ended May 31, 2025, the Plan incurred indirect investment-related fees to Nationwide totaling \$52,736. No direct fees were paid by the Plan to Nationwide.

The Plan also engaged several service providers that meet the definition of parties-in-interest under ERISA due to the services they provide to the Plan. Fees paid by the Plan to these service providers during the year ended May 31, 2025, were as follows:

- Cambridge Investment Research (third-party service provider): Indirect fees of \$38,453; no direct fees were paid.
- Legacy Benefit Services, LLC (third-party administrator): Direct fees of \$4,680 and indirect fees of \$5,493.
- Leafhouse Financial Advisors LLC (investment advisor): Direct fees of \$5,431; no indirect fees were paid.

All transactions with these parties were conducted in the ordinary course of Plan operations and qualify as exempt party-in-interest transactions.

7) *Subsequent Events*

The Plan has evaluated subsequent events through the date the financial statements were available to be issued, and management has determined that there are no subsequent events that require adjustment or disclosure.

Navajo Technical University 401(k) Profit Sharing Plan
Notes to Financial Statements
May 31, 2025 and 2024

8) *Prohibited Transaction*

For one pay period in fiscal year 2025, the University did not remit participant contributions to Nationwide within the timeframe prescribed by Department of Labor regulations. The University and Legacy Benefit Solutions, LLC are aware of this late deposit, have calculated the related lost earnings, and are in the process of making the necessary restorative contributions. The University, with assistance from LBS, will submit a Voluntary Fiduciary Correction Program application to the Department of Labor, including a narrative explanation, supporting documentation, and proof of correction. The delay in remitting this contribution was due to administrative errors and constitutes a prohibited transaction.

SUPPLEMENTARY INFORMATION

Navajo Technical University 401(K) Profit Sharing Plan

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 85-0303705 - Plan Number 001

May 31, 2025

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value **
No	AllianceBernstein	Ab Glbl Bd I +	*	\$ 21,930
No	AllianceBernstein	Ab Hi Inc I +	*	3,182
No	AllianceBernstein	Ab Lgcap Gr I	*	582,193
No	AllianceBernstein	Ab Rel Val I	*	450,688
No	ALPS Advisors	Alps Crcommgplcomstrat I +	*	28,316
No	American Century	Amcent Rtrmtrdns2025 I	*	941,359
No	American Century	Amcent Rtrmtrdns2030 I	*	326,995
No	American Century	Amcent Rtrmtrdns2035 I	*	337,199
No	American Century	Amcent Rtrmtrdns2040 I	*	669,722
No	American Century	Amcent Rtrmtrdns2045 I	*	229,561
No	American Century	Amcent Rtrmtrdns2050 I	*	261,403
No	American Century	Amcent Rtrmtrdns2055 I	*	289,829
No	American Century	Amcent Rtrmtrdns2060 I	*	61,961
No	American Century	Amcent Rtrmtrdns2065 I	*	34,992
No	American Century	Amcent Rtrmtrdnstrmt I	*	552,342
No	American Funds / Capital Group	Amfds 2040 Trgttrmt R6 +	*	16,647
No	American Funds / Capital Group	Amfds Am Bal R6 +	*	6,085
No	American Funds / Capital Group	Amfds New Wld R6	*	333,765
No	AQR Capital Management	Aqr Lng Shrt Eq I +	*	20,631
No	Baron Funds	Baron Realest Inst +	*	6,622
No	BlackRock	Blackrock High Yield Portfolio - Class K	*	40,108
No	BlackRock	Blkrk Mdcap Gr Eq Inst +	*	5,033
No	BlackRock	Blkrk Strat Inc Oppr I +	*	326
No	BlackRock	Blkrk Ttl Rtn K	*	47,366
No	Columbia Threadneedle	Col Sel Lgcap Gr Inst2 +	*	9,924
No	Dimensional Fund Advisors	Dfa Emrg Mkts Core Eq 2 Portfolio - Inst	*	10,406

Navajo Technical University 401(K) Profit Sharing Plan

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) - Continued

EIN: 85-0303705 - Plan Number 001

May 31, 2025

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value **
No	Dimensional Fund Advisors	Dfa Infl Prtct Sec Inst	*	148,027
No	Dimensional Fund Advisors	Dfa Us Lgcap Val Inst +	*	1,086
No	Dimensional Fund Advisors	Dfa Wldexugovtfxdinc Inst	*	508,618
No	Diamond Hill	Diamond Hill Mdcap I	*	43,662
No	Dodge & Cox	Dodge & Cox International Stock Fund Class I	*	96,336
No	Emerald Mutual Funds	Emerald Bk Fin Inst +	*	6,660
No	Federated Hermes	Fed Hrms Gov Oblgtns Prmr	*	50,885
No	Fidelity	Fid 500 Indx	*	184,396
No	Fidelity	Fid Intl Indx +	*	86,686
No	Fidelity	Fid Us Bd Indx +	*	106,086
No	Goldman Sachs / GQG Partners	Gdmnses Ggqptnrintloppr R6	*	96,964
No	Invesco	Invesco Disc Mdcapgr Y	*	150,078
No	Invesco	Invesco Intl Divrs Y +	*	9,052
No	Invesco	Invesco Stable Value Trust Class Vi	*	957,218
No	Invesco	Invesco Stlpthmlpsl40 Y +	*	6,786
No	Janus Henderson	Jnshndrsn Bal N +	*	17,472
No	J.P. Morgan	Jpm Eq Inc R5	*	68,546
No	J.P. Morgan	Jpm Lgcap Gr R6	*	64,663
No	Legg Mason / ClearBridge	Leggm Clrbrdg Intl Gr I	*	20,848
No	Lord Abbett	Lrdabt Devl Gr R5	*	352,090
No	MFS	Mfs Mdcap Gr R6	*	39,004
No	Morgan Stanley	Msif Disc I +	*	7,117
No	Loomis Sayles / Natixis	Nw Loomis Allcap Gr R6	*	87,070
No	PGIM	Pgim Hi Yld Z	*	363,213
No	PGIM	Pgim Ttl Rtn Bd R6 +	*	87,478
No	PIMCO	Pimco Real Rtn Inst	*	54,294

Navajo Technical University 401(K) Profit Sharing Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) - Continued
EIN: 85-0303705 - Plan Number 001
May 31, 2025

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value **
No	PIMCO	Pimcomdyrealtrnstratinst	*	206
No	Victory Capital	Victory Pioneer Bond Fund - Class Y	*	504,867
No	Principal Funds	Prncpl Glbl Realest R6	*	39,420
No	Vanguard	Vngrd 500 Index Fd As	*	596,474
No	Vanguard	Vngrd Comdty Strat Adml +	*	74
No	Vanguard	Vngrd Devl Mkt Indx Adml	*	98,976
No	Vanguard	Vngrd Energy Indx Adml +	*	6,728
No	Vanguard	Vngrd Explr Adml	*	20,433
No	Vanguard	Vngrd Gnma Adml +	*	91,073
No	Vanguard	Vngrd Info Tech Indx Adml +	*	19,667
No	Vanguard	Vngrd Mid-Cap Idx Fd As	*	239,819
No	Vanguard	Vngrd Mtrls Indx Adml +	*	6,708
No	Vanguard	Vngrd Sm Cap Indx Fd As	*	47,693
No	Vanguard	Vngrd Trgt Rtrmt 2035 Inv +	*	19,045
No	Vanguard	Vngrd Trgt Rtrmt 2045 Inv +	*	3,267
No	Vanguard	Vngrd Trgt Rtrmt 2060 Inv +	*	7,790
No	Vanguard	Vngrd Wlsly Inc Adml +	*	22,315
No	AllianceBernstein	Ab Global Bond Fund - Class Z	*	20,411
No	Avantis Investors	Avantis Emerging Markets Equity Fund - Institutional Class +	*	60,299
No	Avantis Investors	Avantis U.S. Small Cap Value Fund - Institutional Class	*	20,318
No	American Century (typical)	Mid Cap Value Fund Fee Class R1	*	82,089
No	Invesco	Invesco Smcap Gr R5 +	*	2,045
No	Fidelity	Fidelity Select Technology Portfolio +	*	19,983
No	Avantis Investors	Avantis U.S. Large Cap Value Fund	*	72,860
No	American Century	Amcent Realest Sec Inst	*	2,738
No	MFS	Mfs Mdcap Val R4 +	*	22,268

Navajo Technical University 401(K) Profit Sharing Plan
 Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) - Continued
 EIN: 85-0303705 - Plan Number 001
 May 31, 2025

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value **
No	Rydex / Guggenheim	Rydexgirs1 2000 I 5xstrah +	*	7,131
No	Victory Capital	Vic Sm Co Oppr I	*	417,594
				\$ 11,355,209

* Cost information is not required for participant-directed investments and therefore is not included.

** Current value has been certified as complete and accurate by Nationwide

Navajo Technical University 401(k) Profit Sharing Plan

EIN 85-0303705 — Plan Number 001

Schedule H, Line 4a

Schedule of Delinquent Participant Contributions

Year Ended May 31, 2025

Participant Contributions Transferred Late to Plan

Description	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if participant loan repayments are included: <input type="checkbox"/>				
Total	\$47,535	\$47,535	\$0	\$47,535

See Independent Auditor's Report.

Navajo Technical University 401(K) Profit Sharing Plan

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 85-0303705 - Plan Number 001

May 31, 2025

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value **
No	AllianceBernstein	Ab Glbl Bd I +	*	\$ 21,930
No	AllianceBernstein	Ab Hi Inc I +	*	3,182
No	AllianceBernstein	Ab Lgcap Gr I	*	582,193
No	AllianceBernstein	Ab Rel Val I	*	450,688
No	ALPS Advisors	Alps Crcommgplcomstrat I +	*	28,316
No	American Century	Amcent Rtrmtrdns2025 I	*	941,359
No	American Century	Amcent Rtrmtrdns2030 I	*	326,995
No	American Century	Amcent Rtrmtrdns2035 I	*	337,199
No	American Century	Amcent Rtrmtrdns2040 I	*	669,722
No	American Century	Amcent Rtrmtrdns2045 I	*	229,561
No	American Century	Amcent Rtrmtrdns2050 I	*	261,403
No	American Century	Amcent Rtrmtrdns2055 I	*	289,829
No	American Century	Amcent Rtrmtrdns2060 I	*	61,961
No	American Century	Amcent Rtrmtrdns2065 I	*	34,992
No	American Century	Amcent Rtrmtrdnstrmt I	*	552,342
No	American Funds / Capital Group	Amfds 2040 Trgttrmt R6 +	*	16,647
No	American Funds / Capital Group	Amfds Am Bal R6 +	*	6,085
No	American Funds / Capital Group	Amfds New Wld R6	*	333,765
No	AQR Capital Management	Aqr Lng Shrt Eq I +	*	20,631
No	Baron Funds	Baron Realest Inst +	*	6,622
No	BlackRock	Blackrock High Yield Portfolio - Class K	*	40,108
No	BlackRock	Blkrk Mdcap Gr Eq Inst +	*	5,033
No	BlackRock	Blkrk Strat Inc Oppr I +	*	326
No	BlackRock	Blkrk Ttl Rtn K	*	47,366
No	Columbia Threadneedle	Col Sel Lgcap Gr Inst2 +	*	9,924
No	Dimensional Fund Advisors	Dfa Emrg Mkts Core Eq 2 Portfolio - Inst	*	10,406

Navajo Technical University 401(K) Profit Sharing Plan

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) - Continued

EIN: 85-0303705 - Plan Number 001

May 31, 2025

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value **
No	Dimensional Fund Advisors	Dfa Infl Prtct Sec Inst	*	148,027
No	Dimensional Fund Advisors	Dfa Us Lgcap Val Inst +	*	1,086
No	Dimensional Fund Advisors	Dfa Wldexugovtfxdinc Inst	*	508,618
No	Diamond Hill	Diamond Hill Mdcap I	*	43,662
No	Dodge & Cox	Dodge & Cox International Stock Fund Class I	*	96,336
No	Emerald Mutual Funds	Emerald Bk Fin Inst +	*	6,660
No	Federated Hermes	Fed Hrms Gov Oblgtns Prmr	*	50,885
No	Fidelity	Fid 500 Indx	*	184,396
No	Fidelity	Fid Intl Indx +	*	86,686
No	Fidelity	Fid Us Bd Indx +	*	106,086
No	Goldman Sachs / GQG Partners	Gdmnses Ggqptnrintloppr R6	*	96,964
No	Invesco	Invesco Disc Mdcapgr Y	*	150,078
No	Invesco	Invesco Intl Divrs Y +	*	9,052
No	Invesco	Invesco Stable Value Trust Class Vi	*	957,218
No	Invesco	Invesco Stlpthmlpsl40 Y +	*	6,786
No	Janus Henderson	Jnshndrsn Bal N +	*	17,472
No	J.P. Morgan	Jpm Eq Inc R5	*	68,546
No	J.P. Morgan	Jpm Lgcap Gr R6	*	64,663
No	Legg Mason / ClearBridge	Leggm Clrbrdg Intl Gr I	*	20,848
No	Lord Abbett	Lrdabt Devl Gr R5	*	352,090
No	MFS	Mfs Mdcap Gr R6	*	39,004
No	Morgan Stanley	Msif Disc I +	*	7,117
No	Loomis Sayles / Natixis	Nw Loomis Allcap Gr R6	*	87,070
No	PGIM	Pgim Hi Yld Z	*	363,213
No	PGIM	Pgim Ttl Rtn Bd R6 +	*	87,478
No	PIMCO	Pimco Real Rtn Inst	*	54,294

Navajo Technical University 401(K) Profit Sharing Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) - Continued
EIN: 85-0303705 - Plan Number 001
May 31, 2025

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value **
No	PIMCO	Pimcomdyrealtrnstratinst	*	206
No	Victory Capital	Victory Pioneer Bond Fund - Class Y	*	504,867
No	Principal Funds	Prncpl Glbl Realest R6	*	39,420
No	Vanguard	Vngrd 500 Index Fd As	*	596,474
No	Vanguard	Vngrd Comdty Strat Adml +	*	74
No	Vanguard	Vngrd Devl Mkt Indx Adml	*	98,976
No	Vanguard	Vngrd Energy Indx Adml +	*	6,728
No	Vanguard	Vngrd Explr Adml	*	20,433
No	Vanguard	Vngrd Gnma Adml +	*	91,073
No	Vanguard	Vngrd Info Tech Indx Adml +	*	19,667
No	Vanguard	Vngrd Mid-Cap Idx Fd As	*	239,819
No	Vanguard	Vngrd Mtrls Indx Adml +	*	6,708
No	Vanguard	Vngrd Sm Cap Indx Fd As	*	47,693
No	Vanguard	Vngrd Trgt Rtrmt 2035 Inv +	*	19,045
No	Vanguard	Vngrd Trgt Rtrmt 2045 Inv +	*	3,267
No	Vanguard	Vngrd Trgt Rtrmt 2060 Inv +	*	7,790
No	Vanguard	Vngrd Wlsly Inc Adml +	*	22,315
No	AllianceBernstein	Ab Global Bond Fund - Class Z	*	20,411
No	Avantis Investors	Avantis Emerging Markets Equity Fund - Institutional Class +	*	60,299
No	Avantis Investors	Avantis U.S. Small Cap Value Fund - Institutional Class	*	20,318
No	American Century (typical)	Mid Cap Value Fund Fee Class R1	*	82,089
No	Invesco	Invesco Smcap Gr R5 +	*	2,045
No	Fidelity	Fidelity Select Technology Portfolio +	*	19,983
No	Avantis Investors	Avantis U.S. Large Cap Value Fund	*	72,860
No	American Century	Amcent Realest Sec Inst	*	2,738
No	MFS	Mfs Mdcap Val R4 +	*	22,268

Navajo Technical University 401(K) Profit Sharing Plan
 Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) - Continued
 EIN: 85-0303705 - Plan Number 001
 May 31, 2025

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value **
No	Rydex / Guggenheim	Rydexgirs1 2000 1 5xstrah +	*	7,131
No	Victory Capital	Vic Sm Co Oppr I	*	417,594
				\$ 11,355,209

* Cost information is not required for participant-directed investments and therefore is not included.

** Current value has been certified as complete and accurate by Nationwide