

**INTERNAL COMPLIANCE REVIEW
NEVADA AFFORDABLE HOUSING
ASSISTANCE CORPORATION**

**4th QUARTER OF FISCAL YEAR 2025
(APRIL – JUNE 2025)**



NEVADA AFFORDABLE HOUSING ASSISTANCE CORPORATION
INTERNAL COMPLIANCE REVIEW
4th QUARTER OF FY 2025

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To the Board of Directors and Management
Nevada Affordable Housing Assistance Corporation (“NAHAC”)

We have performed the procedures enumerated in Section V, “Scope of Services”, of this report for activity that occurred in the fourth quarter (“Q4”) of fiscal year (“FY”) 2025. We were engaged by NAHAC management and the Board of Directors, to assist with respect to completing section 4.B of your “Commitment to purchase financial instrument and HFA participation agreement” with the U.S. Department of the Treasury (“UST”), related to the Internal Compliance and Control Program, as outlined in the Hardest Hit Fund (“HHF”) Risk and Control Matrix framework. We have also been engaged to test similar provisions related to the Nevada Homeowner Assistance Fund (“HAF”).

The management of NAHAC is responsible for its financial reporting and internal control systems. The sufficiency of the procedures performed is solely the responsibility of the Board of Directors and Management of NAHAC. Consequently, we make no representation regarding the sufficiency of the procedures described in Section V in this report for the purpose for which this report has been requested or for any other purpose.

The findings, recommendations, and observations pertaining to Q4 FY2025 are described in Section III of this report. Prior findings and observations, including the current status of those findings and observations, are described in Section IV of this report.

NAHAC’s legal counsel is responsible for monitoring general compliance with applicable rules and regulations.

We were not engaged to, and did not conduct an examination, the objective of which would be the expression of an opinion on the internal control systems management has in place. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of management, the board of directors, external auditors, and UST. This report is not intended to be and should not be used by anyone other than these specified parties.

Las Vegas, Nevada
September 29, 2025

I. EXECUTIVE SUMMARY

We are pleased to provide our report on the internal compliance review procedures performed by Ellsworth & Stout, LLC (“E&S”). These procedures were performed for NAHAC covering Q4 FY2025, which includes the period of April through June 2025. The overall objective of this engagement is to assist the board of directors and management in fulfilling NAHAC’s internal compliance and control program requirement per the HHF Risk and Control Matrix (“RACM”), as well as similar provisions related to HAF. NAHAC has evaluated the HHF RACM and believes the matrix risks, objectives, and control procedures would be similar for the HAF; therefore, the HHF RACM will be referred to as the RACM throughout this report and will incorporate both programs.

The internal compliance review procedures are included in Section V.

FINDINGS AND OBSERVATIONS

Based upon the results of our procedures, certain matters came to our attention and are discussed in more detail in Section III, “Findings, Recommendations, and Observations”, of this report. A “finding” is defined as a matter having a direct internal control impact. Observations are opportunities to enhance the efficiency of operations and may be considered best practices within the industry. Unless otherwise noted, no unreported findings were identified related to the procedures performed.

Section IV, “Prior Findings and Observations”, of this report includes the tracking and status updates for findings from previous quarters.

The following Summary of Findings includes new findings from our Q4 FY2025 testing only.

#	SUMMARY OF NEW FINDINGS	RISK RATING
General		
	None noted	
Eligibility / Underwriting		
	None noted	
HHF Funds, Property and Other Assets		
	None noted	
Reporting		
	None noted	
Program Expenses		
	None noted	
Administrative Expenses		
	None noted	
Fraud and Conflicts of Interest		
1	The annual “Information Security and Safeguards Program” (“ISSP”) training has not occurred.	Low
IT Environment and Data Security		
	None noted	

I. EXECUTIVE SUMMARY - Continued

RISK RATINGS

The risk ratings applied to the findings, when applicable, in this report are based on our experiences performing similar procedures at other organizations. These ratings are intended to assist management with prioritizing the importance of acting on the findings identified. We believe all findings, regardless of the risk rating assigned, if not addressed, could lead to significant issues. We recommend management track the resolution of findings identified, and any follow-up actions should be reported to the Board of Directors.

The definitions of these ratings appear in the next section of this report. In accordance with this rating system, we have assigned the following ratings for each of the RACM areas. These ratings are based on current quarter testing, as well as unresolved prior quarter findings.

<u>Risk Assessment Area</u>	<u>Q4 Risk Rating</u>
General	Exceptional
Eligibility and Underwriting	Exceptional
HHF Funds, Property, and Other Assets	Exceptional
Reporting	Exceptional
Program Expenses	Exceptional
Administrative Expenses	Exceptional
Fraud and Conflicts of Interest	Satisfactory
IT Environment and Data Security	Exceptional

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II. DEFINITION OF RATINGS

RATINGS OF RISK AND CONTROL MATRIX AREAS

The following ratings of the RACM areas are based solely on the procedures performed and relate only to the items tested. Had we performed additional procedures, other matters might have come to our attention that could have changed an internal compliance area's rating.

- **Exceptional** – No control improvements or other recommendations were identified.
- **Satisfactory** – No critical or high internal control deficiencies or other issues identified, but certain control improvements and other recommendations were identified that should be implemented as resources permit within a reasonable time.
- **Needs Improvement** – No critical internal control deficiencies identified. One or more than one high-rated deficiency or other issues were identified. The findings require management's prompt corrective action.
- **Unsatisfactory** – One or more than one critical internal control deficiency or other issue and/or more than three high-rated deficiencies or other issues were identified. The findings warrant immediate attention by management for corrective action to allow the internal control systems to function effectively.

RATINGS OF INTERNAL AUDIT FINDINGS

- **Critical** – Indicates a significant matter requiring immediate attention and involvement by the Board of Directors and senior management.
- **High** – Indicates a significant matter requiring immediate attention by senior management and possibly the Board of Directors.
- **Moderate** – Indicates a matter to be given priority by management and, if not immediately addressed, may significantly impair the control structure or operating effectiveness of the internal control systems.
- **Low** – Indicates a matter to be addressed in the normal course of business, which may be of sufficient importance to be brought to management and the Board of Director's attention.

III. FINDINGS, RECOMMENDATIONS, AND OBSERVATIONS

General

No findings were identified in the current period.

Eligibility / Underwriting

No findings were identified in the current period.

HHF Funds, Property and Other Assets

No findings were identified in the current period.

Reporting

No findings were identified in the current period.

Program Expenses

No findings were identified in the current period.

Administrative Expenses

No findings were identified in the current period.

Fraud and Conflicts of Interest

Finding #1: The annual “Information Security and Safeguards Program” (“ISSP”) training has not occurred.

Risk Rating: Low

Observation: The most recent annual ISSP training was conducted in April 2024. As of September 28, 2025, the subsequent training has not yet been completed.

Recommendation: It is recommended that NAHAC update the ISSP report promptly to facilitate the timely execution of the required annual training.

Management Response: The delay in conducting the annual training was due to changes in IT personnel and ongoing revisions to the ISSP report provided by NAHAC’s IT providers. Once management has reviewed and approved the updated report, the training will be scheduled and completed accordingly.

IT Environment and Data Security

No findings were identified in the current period.

IV. PRIOR FINDINGS AND OBSERVATIONS

None noted.

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V. SCOPE OF SERVICES

The dates utilized for our testing were April through June 2025, unless otherwise noted.

Planning Procedures:

- 1 Obtain and read the approved NAHAC Policies and Procedures (P&P) relevant to the RACM that were in effect during the quarter being tested.
- 2 Obtain the prior period internal compliance review reports, including the tracking of prior compliance findings, and assess for relevancy to the quarter being tested, to determine if the finding has been resolved.
- 3 Obtain the most recent U.S. Department of Treasury (UST) compliance review reports, and assess for findings relevant to the quarter being tested, to determine if the finding has been resolved.
- 4 Obtain any other recent grantor compliance review reports. These may include reports from federal or state auditors, agency or quality review reports, or other special purpose audits.
- 5 Obtain and read the most recent external financial statement and single audit reports and management letters for relevant matters, if applicable.
- 6 Document or update a summary of internal controls by RACM section, including a description of the control environment, and walkthrough controls as deemed necessary to gain an understanding of design and implementation of internal controls over compliance and accounting.
- 7 Review the prior period risk assessment.
- 8 Perform risk assessments for each RACM section for the current period.
- 9 Discuss planning and review procedures with engagement team and document significant items discussed in "Planning Summary and Notes".
- 10 Establish or review the sampling methodology and review procedures for each RACM section.

Eligibility and Underwriting:

- 1 Obtain the following populations for testing:
 - a. Approval, Withdrawal, Denial, and Funded testing populations for the Mortgage Reinstatement Assistance Program (MRAP) and Unemployment Mortgage Assistance Program (UMA) for the quarter being tested. Obtained these populations from the Homeowner Assistance Fund System (HAFS).
 - b. Obtained the reconveyances testing population for the programs under the old Hardest Hit Fund (HHF) programs, as well as under the new Nevada Homeowner Assistance Fund (HAF) programs when applicable.
- 2 Determine if the aforementioned populations reconcile to the Quarterly Report (QR) for the quarter being tested.
- 3 Determine sample sizes based on the lower of 30 items or 10% of population (see planning program).
 - a. Randomly select our samples from each aforementioned populations.
- 4 Obtain the Underwriting Checklist Template for each program from [U:\Underwriting Forms\Underwriting Checklists](#), and determine if each checklist aligns with the applicable participation agreement(s).
- 5 Obtain the Underwriting Guidelines (Operational Term Sheet) for the MRAP and UMA programs that were in effect during the quarter being tested, and determine if documented underwriting guidelines describe in detail the eligibility determination and underwriting requirements.
- 6 Determine if the Underwriting Guidelines for the MRAP and UMA programs align with the applicable grant regulations.
- 7 Determine if the P&Ps related to Eligibility and Underwriting align with the MRAP and UMA grant regulations.
- 8 Complete the applicable Testing Calculator for all MRAP and UMA Approvals, Denials and Withdrawals in our sample. Our testing calculators encompass the following:
 - a. For Approvals:

V. SCOPE OF SERVICES - Continued

- i. Determine if all Eligibility Criteria, including additional Eligibility Criteria for each structure of principal reduction, if applicable, was assessed based on the applicable underwriting guidelines.
 - ii. Original loan balance is in compliance with the Conforming Loan Limit (CLL) at the time of Origination.
 - iii. Determine if the Underwriting Checklist was completed.
 - iv. Determine if the approval decision was communicated to the borrower.
 - v. Determine if eligibility pertaining to Program Exclusions was accurately assessed.
 - vi. If the loan closed during the quarter being tested, determine if there is a complete closing package. A complete closing package is defined by the Closing Instructions for the title company.
 - vii. Review for red flags as detailed in the NAHAC Red Flag Policy.
- b. For Denials:
- i. Determine if the Denial QC validation form was accurately completed.
 - ii. Determine if the denial decision was communicated to the borrower via a decline letter.
 - iii. Determine if the decline reason documented in the decline letter corresponds to the documented decline reason in the NMAS.
 - iv. Determine if the decline reason is per any applicable Program Exclusions.
 - v. Review for red flags as detailed in the NAHAC Red Flag Policy.
- c. For Withdrawals:
- i. Determine if the borrower withdrawal is documented in NMAS
 - ii. If the withdrawal occurred as a result of borrower communicating to Underwriting that there is no longer interest in the assistance, determine if the withdrawal reason is detailed in the NMAS notes.
 - iii. If the withdrawal occurred as a result of borrower not timely providing documentation requested from underwriting, determine if the borrower was allowed at least 7 business days to provide the missing or incomplete documentation prior to the withdrawal decision.
 - iv. Determine if the Withdraw QC validation form was accurately completed.
- 9 Complete testing on our sample of Reconveyances that occurred during the quarter being tested. Our reconveyance testing encompasses the following:
- a. Determine if the reconveyance was recorded within 30 days of the request.
 - b. Determine if the recovery amount is correct per the repayment percentage outlined in the Promissory Note.
- 10 Determine if NAHAC staff are sufficiently qualified and trained to (1) inquire and obtain the minimum required documentation from potential HAF borrowers to determine eligibility, and (2) summarize and document their recommendations based on review and evaluation of the eligibility underwriting process performed.

HHF Funds, Property and Other Assets:

- 1 Determine if federal funds are properly segregated.
- 2 Determine if program and administrative funds, property and other assets, duties over custody of cash, disbursement approval, recording, reconciling, and report review duties are segregated.
- 3 Determine whether all liens are being adequately tracked, that liens released are in accordance with term sheets, including any required recoveries. (Note: The same sample used for eligibility testing for reconveyances can be used for this testing procedure.)
- 4 Test a sample of lien recoveries to ensure funds were deposited to appropriate bank account(s).

V. SCOPE OF SERVICES - Continued

Reporting:

- 1 Obtain the HAF Quarterly Report (QR) submitted to UST for the quarter being tested.
 - a. Determine if the QR was submitted to UST timely (45 days after the end of the quarter and annually). Quarterly (Feb. 15, May 15, Aug. 15, Nov. 15)
 - b. Determine if the financial and non-financial amounts and percentages on the QR agree to supporting evidence from HAFS, QuickBooks, or other applicable NAHAC sources.
- 2 During the fourth quarter testing, determine if NAHAC submitted and obtained approval from the Board of Directors for the budget for the following fiscal per policy.
- 3 Determine if NAHAC engages an external auditor, and that the external auditor completes the annual audited financial statements in a reasonable time after the end of the fiscal year.
- 4 Determine if the annual single audit reporting package was submitted through the Federal Audit Clearinghouse (FAC) 30 days after receipt of the auditor's report, or 9 months after the end of the fiscal year (March 31) - whichever comes first.
- 5 Determine if NAHAC completed the following reporting and submitted it to the IRS. Complete testing on a quarterly basis for any reporting where the due date falls within the quarter being tested.
 - a. Form 8868: Application for Automatic Extension of Time To File an Exempt Organization Return (November 15, if applicable).
 - b. Form 8879-EO: IRS e-file Signature authorization for Exempt Organization (filed with 990) (November 15, May 15 if extended).
 - c. Form 990: Corporate and IRS 990 requirements for NAHAC (November 15 initial deadline, May 15 if extension is filed).
 - d. NV SUI Forms (NV Quarterly Wage Report) (Quarterly Due Dates: January 31, April 30, July 31, September 30).
 - e. Form 941: Payroll and G/L Reconciliation (reconcile ADP report to G/L) (Quarterly Due Dates: January 31, April 30, July 31, September 30).
 - f. Form 1099: A/P Payments (January 31) - Step ONLY applicable in FYQ3 testing.
 - g. Form W-2s: Employee Annual Wage Statements (January 31) - Step ONLY applicable in FYQ3 testing.
- 6 Determine if NAHAC completed the following license renewals. Complete testing on a quarterly basis for any reporting where the due date falls within the quarter being tested.
 - a. City of Las Vegas Business License (expires June 1) - Step ONLY applicable in FYQ4 testing.
 - a. NV State Business License - Step ONLY applicable if exemption status changes and NAHAC is no longer exempt from obtaining this business license.
- 7 Determine if NAHAC maintains documentation of the internal control program (ICP). If material modifications were made to the ICP, ensure NAHAC notified Treasury in writing and received approval prior to change.
- 8 Determine if the annual audited financial statements and Form 990 are posted to NAHAC's website. (www.nahac.org)
- 9 Determine if monthly financials were provided to the board no later than 30 days after close of the prior month.
- 10 Determine if the "Annual Calendar" was completed for the months applicable within the quarter being tested and was reviewed to ensure timeliness of deadlines.

V. SCOPE OF SERVICES - Continued

Program Expenses:

- 1 Perform the following testing to determine if NAHAC disbursements made to servicers were for approved amounts that have been authorized through NAHAC's eligibility and underwriting process.
 - a. For the sample of the approved borrower loan assistance tested under the current quarter's eligibility testing, determine if the approved borrower assistance amount agrees to the amount disbursed.
 - i. Determine if the disbursement was posted to the correct program general ledger expense account.
 - ii. Determine if the payment issued in accordance with the approved policies and procedures in place for the quarter to include proper authorization and processing of payment.
 - iii. Review NAHAC's list of approved servicers and determine that all funds disbursed were made to an approved servicer in accordance with the terms of the servicer contract.
 - iv. Ensure that all payments were made to the correct servicer and/or sub-servicer.

Administrative Expenses:

- 1 Obtain the detailed GL activity for GL accounts that are grouped in the QFR as Operating/Administrative, Transaction Related and Counseling expenses (6000 through 82100) excluding journal entries.
- 2 Select a sample of the lower of 10% or 30 from the above population.
- 3 Perform testing on the sample selected to test for compliance with the related fund agreement(s) and policies and procedures to include the following:
 - a. Trace to supporting documentation such as invoices, receipts and travel reimbursement requests as applicable.
 - b. Determine if the transaction was authorized and paid in accordance with the approved policies and procedures in place during the current quarter.
 - c. Determine if the transaction was posted to the proper expense account or other applicable general ledger account.
 - d. Determine if the transaction was posted to the proper period.
 - e. Determine if the transaction would be allowable in accordance with the Uniform Guidance.
 - f. Determine if the transaction was coded to the correct fund.
- 4 Select two pay periods during the quarter and review for any significant or unusual items.
- 5 Monthly review of administrative payments are performed and documented in a timely manner.
- 6 Routine review of administrative payments is performed and documented as a part of the internal compliance review in a timely manner, and instances of non-compliance with guidelines and requirements are reported and remediated.

Fraud and Conflicts of Interest

- 1 Obtain and read any reporting submitted to UST and Attorney General regarding fraud findings.
- 2 Determine if there is an anonymous fraud hotline for individuals to report instances of suspected fraud. Review any reported activity for adequate responses by NAHAC.
- 3 Determine if NAHAC obtained fraud insurance through contract review and determine if payments are current.
- 4 Determine if an annual conflict of interest statement was obtained for all board members.
- 5 Determine if the annual training occurred for information security and safeguarding program(s) ("ISSP"), as well as borrower PII with documentation showing who attended and what was covered in the "Annual ISSP (Staff) Training". (Step ONLY applicable in **FYQ4 testing**.)
- 6 Determine if the annual training occurred that covers "Code of Ethics, Conflict of Interest, and Business conduct" with documentation showing who attended and what was covered. (Step ONLY applicable in **FYQ1 testing**.)

V. SCOPE OF SERVICES - Continued

- 7 Obtain 3 employee files, selected at random, and perform the following (Step ONLY applicable in **FYQ1 testing**):
 - a. Determine if there is a conflict of interest statement signed within the past 12 months.
- 8 Determine if NAHAC has P&Ps in place to avoid employees involved in federal program loan(s) underwriting or approval decisions for any family member or related party.
- 9 Obtain a list of new vendors during the quarter. and scan listing for potential conflict of interests.
 - a. Obtain all contracts for new vendors, if applicable and scan listing for potential conflict of interests. For instance, identify and assess any vendor kickbacks.
 - b. For new vendors that do not require contracts, determine if there is an appearance of a conflict of interest. Perform inquiries as needed.
- 10 Ensure formal RFQ and RFP processes in compliance with state and federal requirements are used in securing participating housing counselors, credit report companies, title companies, etc.

IT Environment and Data Security

- 1 Determine and assess the physical security of Information Technology hardware through inquiry with NAHAC management.
- 2 Determine if management has obtained and performed an assessment of SOC 1 SSAE 18, SOC 2 and/or SOC 3 reports including user controls for key systems such as ADP, Microsoft 365, HAFS, AWS, and QuickBooks.
- 3 Assess if the system access for users is appropriate based on each employee's role, and that access to borrower PII is limited to authorized users only.
 - a. Test a sample of new user access's for appropriate authorization, such as a SAAR.
 - b. Obtain a list of terminated employees and ensure all access has been removed for those employees.
- 4 Determine if job functions are properly segregated based on system access. Use new user access sample from item #3 above.
- 5 Determine if NAHAC has performed vulnerability, penetration, and disaster recovery testing. Evaluate the frequency for reasonableness.
- 6 For any system changes, determine if data validation occurred to ensure the data reconciles from the old to the new system.