

NORTH TEXAS MUNICIPAL WATER DISTRICT

SINGLE AUDIT REPORT

September 30, 2022

NORTH TEXAS MUNICIPAL WATER DISTRICT
Wylie, Texas
September 30, 2022

CONTENTS

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH <i>GOVERNMENT AUDITING STANDARDS</i>	1
INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; REPORT ON INTERNAL CONTROL OVER COMPLIANCE; AND REPORT ON THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE.....	3
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS.....	6
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS	7
SCHEDULE OF FINDINGS AND QUESTIONED COSTS	8
CORRECTIVE ACTION PLAN.....	12
SUMMARY SCHEDULE OF PRIOR YEAR FINDINGS	14

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

Members of the Board of Directors
North Texas Municipal Water District
City of Wylie, Texas

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities, each major fund, and the aggregate remaining fund information of the North Texas Municipal Water District (the District) as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the District's basic financial statements and have issued our report thereon dated January 25, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did identify certain deficiencies in internal control, described in the accompanying *schedule of findings and questioned costs* as items 2022-001 and 2022-002 that we consider to be material weaknesses.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

(Continued)

The District's Response to Findings

Government Auditing Standards requires the auditor to perform limited procedures on the District's response to the findings identified in our audit and described in the accompanying *schedule of findings and questioned costs*. The District's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Crowe LLP". The signature is written in a cursive, stylized font.

Crowe LLP

Dallas, Texas
January 25, 2023

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM;
REPORT ON INTERNAL CONTROL OVER COMPLIANCE; AND REPORT ON THE SCHEDULE OF
EXPENDITURES OF FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE

Members of the Board of Directors
North Texas Municipal Water District
City of Wylie, Texas

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the North Texas Municipal Water District's (the "District") compliance with the types of compliance requirements described in the OMB Compliance Supplement that could have a direct and material effect on the District's major federal program for the year ended September 30, 2022. The District's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States (Government Auditing Standards); and the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the District's federal programs.

(Continued)

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the District's compliance based on our audit. 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 GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material noncompliance, 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 District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- obtain an understanding of the District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

(Continued)

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the business-type activities, each major fund, and the aggregate remaining fund information of the District as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the District's basic financial statements. We issued our report thereon dated January 25, 2023, which contained unmodified opinions on those financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. 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 basic financial statements. The information has been subjected to the 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 basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditure of federal awards is fairly stated in all material respects in relation to the basic financial statements as a whole.



Crowe LLP

Dallas, Texas
January 25, 2023

NORTH TEXAS MUNICIPAL WATER DISTRICT
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 Year Ended September 30, 2022

Federal grantor/pass-through grantor/program title	Assistance Listing Number	Pass-through Entity Identifying Number	Total Federal Expenditures
Environmental Protection Agency			
Pass Through Texas State Soil and Water Conservation Board			
Nonpoint Source Implementation Grants	66.460	N/A	\$ 23,617
Pass Through TCEQ Watershed			
Nonpoint Source Implementation Grants	66.460	M2001063	8,902
Total Nonpoint Source Implementation Grants			<u>32,519</u>
Pass Through Texas Water Development Board			
<i>Clean Water State Revolving Funds Cluster:</i>			
Capitalization Grants for Clean Water State Revolving Funds	66.458	L1001117	111,679,580
Total Environmental Protection Agency			<u>111,712,099</u>
Total Federal Expenditures			<u>\$ 111,712,099</u>

See accompanying notes to schedule of expenditure of federal awards.

NORTH TEXAS MUNICIPAL WATER DISTRICT
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
September 30, 2022

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General

The accompanying Schedule of Expenditures of Federal Awards presents the activity of all federal award programs of the North Texas Municipal Water District (the "District") for the year ended September 30, 2022. The District's reporting entity is defined in Note 1 of the District's Annual Comprehensive Financial Report. The accompanying notes are an integral part of this Schedule. All federal awards received directly by the primary government from federal agencies, as well as federal awards passed through other government agencies, are included in the scope of the Federal Single Audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) and are included on the Schedule of Expenditures of Federal Awards.

Basis of Accounting

The accompanying Schedule of Expenditures of Federal Awards is presented using the accrual basis of accounting.

NOTE B – INDIRECT COST RATE

The District is not charging indirect costs to the programs.

NOTE C – RELATIONSHIP TO FEDERAL FINANCIAL REPORTS

Grant expenditures reports as of September 30, 2022, which have been submitted to grantor agencies may differ slightly from amounts disclosed herein. The reports prepared for grantor agencies are typically prepared at a later date and often reflect estimated of year-end accruals. The reports will agree at termination of the grant as discrepancies noted are timing differences.

NOTE D – LOANS

The District has outstanding loans payable under the Clean Water State Revolving Loan Fund from the Texas Water Development Board (TWDB), as a pass-through agency for the Environmental Protection Agency (CFDA 66.458) as of September 30, 2022 as follows:

Loan	Federal Assistance Listing #	Amount
NTMWD Regional Wastewater System Revenue Bonds, Series 2020	66.458	\$492,100,000

NORTH TEXAS MUNICIPAL WATER DISTRICT
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
September 30, 2022

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

Material weakness(es) identified? X Yes No
Significant deficiency(ies) identified? Yes X None Reported

Noncompliance material to financial statements noted? Yes X No

Federal Awards

Internal Control over major program:

Material weakness(es) identified? Yes X No
Significant deficiency(ies) identified? Yes X None Reported

Type of auditor's report issued on compliance for major program: Unmodified

Any audit findings disclosed that are required to be disclosed in accordance with the Uniform Guidance? Yes X No

Identification of major program:

Assistance Listing Numbers

66.458

Name of Federal Program or Cluster

Clean Water State Revolving Funds Cluster

Dollar threshold used to distinguish between Type A and Type B programs: \$3,000,000

Auditee qualified as low-risk auditee? Yes X No

(Continued)

NORTH TEXAS MUNICIPAL WATER DISTRICT
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
September 30, 2022

Section II - Financial Statement Findings

Finding #: 2022-001 Construction in Progress (CIP)

Type of Finding: Material Weakness

Criteria: An organization should have a system of internal controls, which are sufficiently designed to allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements of the financial statements on a timely basis. An effective system of internal controls also needs to operate as designed. Formal written policies and procedures are an integral part of a system of internal controls. Such policies and procedures are established to ensure integrity over financial reporting and to safeguard assets.

Condition: Significant audit adjustments were required to correct errors and improper presentation of capital asset financial information. These adjustments primarily related to agreements with third parties who also had responsibilities for the project.

1. When the District constructs assets, often they enter into interlocal agreements with other local governments whereby the other local government contributes an agreed upon amount to participate in the funding the project. In many cases the assets are owned by the District and the District has the responsibility to maintain and operate. When funds are received from participating entities, management erroneously recorded a decrease to the CIP cost basis of the asset rather than recognize the funds as contribution or nonoperating revenue.
2. The District received a reimbursement of a portion of funds the District had previously, in a prior year, contributed to a local entity in relation to a project. The previous contribution had been properly recorded as nonoperating expense. However, management incorrectly recorded the refunded amount as decrease to a CIP asset instead of recording it as an increase to nonoperating revenue.
3. A significant construction project which had primarily been placed in service, was still being carried in CIP. Upon inquiry and investigation, due to a number of unique and complex requirements in the agreement with another governmental entity, it was found to be correctly still included in CIP rather than moved to a capital asset category at this time. However, there was an initial lack of understanding of the contract milestones which will have significant impact on accounting treatment of the asset upon reaching the agreement milestones.
4. For large projects that have been completed, management's standard practice is to reclassify the majority of the project from CIP to the appropriate capital asset category once placed in service. A portion of the project which relates to the remaining retainage or accruals is left in CIP until it's paid, even though it's been placed in service, essentially using a cash basis versus accrual basis of accounting. There is no documented procedure around the review of this practice to ensure the portions of projects remaining in CIP and the related potential depreciation is immaterial to the period, nor to ensure a remaining project cost has not been overlooked in the capitalization process.

Cause: Review of contracts and applicable entries, internal controls, policies and procedures were either not in place, not adequately documented, or not operating effectively or not followed.

Effect or potential effect: Material misstatement of the financial statements.

(Continued)

NORTH TEXAS MUNICIPAL WATER DISTRICT
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
September 30, 2022

Indication of repeat finding: Partial. In the prior year, a deficiency was communicated to management regarding the lack of communication between the engineering department and the accounting department when construction projects were completed. A procedure was developed but not fully implemented, nor did it relate to some of the specific findings in the current year.

Recommendation: It is recommended that management develop and document detailed procedures as it relates to CIP. These procedures should document the proper accounting for the cost basis of capital assets as well as accounting for nonexchange revenues. As it relates to management's involvement with agreements and contracts which have potential for significant accounting impacts, it is recommended that management develop a written procedure to document their understanding of each agreement and how it should be accounted for. Part of this process will be periodic documented meetings with the engineering department to discuss projects in process, completed and upcoming. Written procedures for periodic analysis of CIP, retainage and accruals should be in place and evidence of such analysis maintained especially as it relates to practices that are not in accordance with generally accepted accounting principles to ensure no financially significant impact.

Views of responsible officials and planned corrective actions: See Corrective Action Plan

Finding #: 2022-002 Information Technology

Type of Finding: Material Weakness

Criteria: An organization should have a system of internal controls, which are sufficiently designed to allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements of the financial statements on a timely basis. An effective system of internal controls also needs to operate as designed. Formal written policies and procedures are an integral part of a system of internal controls. Such policies and procedures are established to ensure integrity over financial reporting and to safeguard assets.

Condition: Internal controls, policies and procedures around information technology were either not in place, not adequately documented, not operating effectively or not followed as evidenced by the following:

1. A user access review is performed and documented for Incode but not for Gravity. However, several Incode users are not reviewed including the administrators.
2. Several users within accounting have administrative capabilities within Incode and SmartData that allow them to add/delete users and assign permissions.
3. Dayforce password parameters are insufficiently configured to stop brute force attacks. Currently the parameters are as follows:
 - Minimum length: 6 characters
 - History Duration: 0
 - 10 failed login attempts before lockout, and then locked out for 10 minutes
 - Complexity not required
 - Password does not expire
4. A restoration of Incode backups was not completed during the period under audit.

(Continued)

NORTH TEXAS MUNICIPAL WATER DISTRICT
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
September 30, 2022

Cause:

1. The Information Technology review procedures are not being followed or documented.
2. A lack of segregation of duties around information technology.
3. A lack of policy in place for strong password requirements.
4. Reliance on alerts which are configured to alert management if a backup fails.

Effect or potential effect:

1. Users could have inappropriate access configured within the application.
2. Inappropriate changes or assignment of permissions could be made in the system.
3. Access to Dayforce could be compromised.
4. Backups could be unable to be restored, thus rendered useless.

Indication of repeat finding: Numbers 1, 2 and 3 are repeat findings.

Recommendation:

1. Crowe recommends that a formal user access review process be implemented for all financially significant systems. The user access review should independently review all users to ensure they are active employees and their access within the system is appropriate for their job responsibilities. The process should also include procedures to ensure the user listing used for the review is complete and accurate. If an administrator is completing the review, it should be performed under dual control with another reviewer.
2. Accounting employees should not be able to provision or remove employees or make access changes. It is recommended that an information technology employee performed those tasks.
3. It is recommended that password parameters are updated to meet industry standards. Recommended standards are as follows:

Minimum length: 8
Maximum length: 32
Minimum age: 1 day
Maximum age: 90 days

4. A policy should be adopted whereby backups are tested at minimum, annually.

Views of responsible officials and planned corrective actions: See Corrective Action Plan

Section III - Federal Award Findings and Questioned Costs

There were no findings for the year ended September 30, 2022.



Regional. Reliable. Everyday.

Corrective Action Plan

January 25, 2023

Finding #: 2022-001 Construction in Progress (CIP)

Type of Finding: Material Weakness

Response: The District agrees with Crowe's recommendation and the Accounting and Engineering team will work together to develop and document detailed procedures for CIP, as well as specific written procedures related to each agreement/contract. We will also hold meetings monthly to discuss project status, new projects and other items related to open projects, including any projects without recent activity and those close to completion. Additionally, the District will document specific procedures related to accounting for retainage and accruals regarding completed projects and track the financial impact. Once complete, management will conduct training to ensure the new documented procedures are shared with the Engineering and Accounting personnel involved in the CIP process.

Anticipated completion date: September 30, 2023

Responsible Officials: Holly Matthews, Accounting Manager 469-626-4375; Cesar Baptista, Deputy Director (Engineering & CIP) 469-626-4323

Finding #: 2022-002 Information Technology

Type of Finding: Material Weakness

Response:

1. The District performs user access reviews of all systems used internally. The user review of Incode in the current year did not include those identified in the Purchasing Policy as required approvers (Managers and above). We will add this review of all users in the current year.
2. The District's Accounting staff are currently the system administrators for all Accounting systems. Management will review the possibility of transitioning access control to the IT department over time.
3. The District is currently in the process of moving to Single Sign-On for Dayforce and this will enhance the password parameters to meet industry standards.
4. The District will adopt an internal policy to test Incode backups at least annually.

Anticipated completion date:

1. September 30, 2023
2. Undetermined as the District is currently in the recruiting process for both the Assistant Deputy – IT and IT Manager positions.
3. September 30, 2023
4. September 30, 2023

Regional Service Through Unity...Meeting Our Region's Needs Today and Tomorrow

Responsible Officials:

1. Holly Matthews, Accounting Manager 469-626-4375
2. Holly Matthews, Accounting Manager and Jeff Mayfield, Deputy Director (Solid Waste & Integrated Services) 469-626-4327
3. Kristie Mixon, HR Manager 469-626-4389
4. Jeff Mayfield, Deputy Director (Solid Waste & Integrated Services)

Summary Schedule of Prior Year Findings

Finding 2021-001	Material Weakness over Review of Schedule of Expenditures of Federal Awards
Criteria	An organization should have a system of internal controls, which are sufficiently designed to allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements of the financial statements on a timely basis. An effective system of internal controls also needs to operate as designed. Formal written policies and procedures are an integral part of a system of internal controls. Such policies and procedures are established to ensure integrity over financial reporting and to safeguard assets.
Condition	The management reviewed Schedule of Expenditures of Federal Awards did not include the major program noted.
Cause	A lack of understanding of the single audit requirement by finance management and a lack of written policies and procedures around federal or state grant awards.
Effect or Potential Effect	A finding or lack of proper preparation of the SEFA.
Recommendation	The following should be implemented as related to the corresponding findings as enumerated above in the Condition section:
Responsible Official's Response	<p>Planned Corrective Actions: The District is aware of the Single Audit requirements from the TWDB and will monitor all applicable programs ongoing. Additionally, the Accounting Department is developing a grant policy that will be in effect as of September 30, 2022. Finally, the annual SEFA will be routed to multiple levels for review and approval as part of the new grant policy.</p> <p>Anticipated completion date: September 30, 2022</p> <p>Contact person(s) responsible for corrective action: Holly Matthews, Accounting Manager 469-626-4375</p>
Status of Prior Year Finding	Remediated.