

Congenital Hyperinsulinism International

Financial Statements

December 31, 2024

(With Summarized Comparative Totals For 2023)



NISIVOCCIA
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Congenital Hyperinsulinism International
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December 31, 2024 and 2023

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Independent Auditors' Report

To the Board of Trustees of
Congenital Hyperinsulinism International
PO Box 135
Glen Ridge, NJ 07028

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Congenital Hyperinsulinism International (a nonprofit organization) ("CHI"), which comprise the statement of financial position as of December 31, 2024, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of CHI as of December 31, 2024, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of CHI and to meet our other ethical responsibilities, in accordance with the 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 audit opinion.

To the Board of Trustees of
Congenital Hyperinsulinism International

Responsibilities of Management for the 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.

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 Congenital Hyperinsulinism International's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditors' Responsibilities for the Audit of the Financial Statements

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 auditors' 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 GAAS 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 GAAS, 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 CHI'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 CHI's ability to continue as a going concern for a reasonable period of time.

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.

To the Board of Trustees of
Congenital Hyperinsulinism International

Report on Summarized Comparative Information

We have previously audited the CHI's December 31, 2023 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated September 10, 2024. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2023 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Mt. Arlington, New Jersey
August 12, 2025

Nisiroccia LLP

Congenital Hyperinsulinism International
Statement of Financial Position
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Current assets:		
Cash and cash equivalents	\$ 2,027,346	\$ 1,595,342
Accounts receivable	43,885	64,759
Prepaid expenses	13,918	31,746
Total current assets	<u>2,085,149</u>	<u>1,691,847</u>
Development costs, net	<u>88,806</u>	<u>111,476</u>
Total assets	<u>\$ 2,173,955</u>	<u>\$ 1,803,323</u>
<u>LIABILITIES AND NET ASSETS</u>		
Current Liabilities:		
Accounts payable and accrued expenses	\$ 29,658	\$ 98,789
Deferred revenue	293,407	
Total current liabilities	<u>323,065</u>	<u>98,789</u>
Net Assets:		
Without donor restrictions	1,850,890	1,669,534
With donor restrictions		35,000
Total net assets	<u>1,850,890</u>	<u>1,704,534</u>
Total liabilities and net assets	<u>\$ 2,173,955</u>	<u>\$ 1,803,323</u>

See Notes to Financial Statements

Congenital Hyperinsulinism International
Statement of Activities
Year Ended December 31, 2024
(With Summarized Comparative Totals for the Year Ended December 31, 2023)

	2024		2023	
	Without Donor Restrictions	With Donor Restrictions	Total	Total
Support and revenue:				
Contributions	\$ 120,485		\$ 120,485	\$ 288,837
Special events, net	112,161		112,161	140,816
Program income	975,547		975,547	694,586
Interest income	63,858		63,858	25,235
Other income	1,160		1,160	817
Net assets released from restrictions	35,000	\$ (35,000)		
Total support and revenue	<u>1,308,211</u>	<u>(35,000)</u>	<u>1,273,211</u>	<u>1,150,291</u>
Expenses:				
Program services:				
Awareness	226,850		226,850	221,745
Patients & family support	231,589		231,589	274,496
Research	533,828		533,828	423,589
Total program services	<u>992,267</u>		<u>992,267</u>	<u>919,830</u>
Supporting services:				
Management and general	59,842		59,842	41,912
Fundraising	74,746		74,746	81,704
Total supporting services	<u>134,588</u>		<u>134,588</u>	<u>123,616</u>
Total expenses	<u>1,126,855</u>		<u>1,126,855</u>	<u>1,043,446</u>
Change in net assets	181,356	(35,000)	146,356	106,845
Net assets, beginning of year	<u>1,669,534</u>	<u>35,000</u>	<u>1,704,534</u>	<u>1,597,689</u>
Net assets, end of year	<u>\$ 1,850,890</u>	<u>\$ -</u>	<u>\$ 1,850,890</u>	<u>\$ 1,704,534</u>

See Notes to Financial Statements

Congenital Hyperinsulinism International
Statement of Functional Expenses
Year Ended December 31, 2024
(With Summarized Comparative Totals for the Year Ended December 31, 2023)

	Program Services				Supporting Services			2024	2023
	Awareness	Patients & Family Support	Research	Total	Management and General	Fundraising	Total		
Salaries	\$ 135,318	\$ 60,311	\$ 236,914	\$ 432,543	\$ 33,907	\$ 49,975	\$ 83,882	\$ 516,425	\$ 439,847
Payroll taxes and benefits	17,115	7,628	29,964	54,707	4,289	6,320	10,609	65,316	55,231
Total salaries and related benefits	152,433	67,939	266,878	487,250	38,196	56,295	94,491	581,741	495,078
Grants and awards	-	42,382	66,715	109,097	-	-	-	109,097	88,125
Program costs and materials	4,185	-	124,964	129,149	-	-	-	129,149	99,149
Conferences and meetings	51,461	51,461	25,730	128,652	-	-	-	128,652	219,968
Clinical research project expenses	-	37,446	-	37,446	-	-	-	37,446	16,911
Telecommunications and technology	7,570	7,569	7,570	22,709	4,576	10,565	15,141	37,850	18,061
Consultant fees	-	14,376	-	14,376	-	-	-	14,376	28,568
Professional fees	954	954	954	2,862	12,988	2,865	15,853	18,715	19,129
Travel	5,696	5,696	5,696	17,088	-	-	-	17,088	26,555
Insurance	1,138	825	1,562	3,525	1,863	1,931	3,794	7,319	5,963
Translation fees	-	-	7,038	7,038	-	-	-	7,038	-
Printing and postage	306	306	307	919	920	920	1,840	2,759	1,019
Office supplies and expense	1,253	781	1,890	3,924	1,035	1,090	2,125	6,049	12,737
Dues and subscriptions	1,581	1,581	1,581	4,743	264	264	528	5,271	6,130
Bank and merchant fees	273	273	273	819	-	816	816	1,635	4,178
Total expenses before amortization	226,850	231,589	511,158	969,597	59,842	74,746	134,588	1,104,185	1,041,571
Amortization expense	-	-	22,670	22,670	-	-	-	22,670	1,875
Total expense	\$ 226,850	\$ 231,589	\$ 533,828	\$ 992,267	\$ 59,842	\$ 74,746	\$ 134,588	\$ 1,126,855	\$ 1,043,446

See Notes to Financial Statements

Congenital Hyperinsulinism International
Statement of Cash Flows
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Cash flows from operating activities:		
Change in net assets	\$ 146,356	\$ 106,845
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Amortization	22,670	1,875
Changes in operating assets and liabilities:		
Accounts receivable	20,874	45,362
Contributions receivable		5,939
Prepaid expenses	17,828	(13,599)
Accounts payable and accrued expenses	(69,131)	52,163
Deferred revenue	293,407	
Net cash provided by operating activities	<u>432,004</u>	<u>198,585</u>
Investing activities:		
Software development costs		<u>(113,351)</u>
Net cash used in investing activities		<u>(113,351)</u>
Increase in cash and cash equivalents	432,004	85,234
Cash and cash equivalents, beginning of year	<u>1,595,342</u>	<u>1,510,108</u>
Cash and cash equivalents, end of year	<u>\$ 2,027,346</u>	<u>\$ 1,595,342</u>

See Notes to Financial Statements

1. Nature of Activities

Congenital Hyperinsulinism International (“CHI”) is a nonprofit 501(c)(3) corporation dedicated to improving the lives of babies, children, and adults affected by congenital hyperinsulinism (HI). HI is a life-threatening genetic disorder that causes severe low blood sugar (hypoglycemia) in infants and children, though in 50% of patients, the genetic cause is unknown. For those with HI, the beta cells of the pancreas secrete too much insulin in an unregulated manner. Excess insulin causes hypoglycemia. Prolonged or severe hypoglycemia can cause seizures, permanent brain damage, or even death if left untreated. A good prognosis is far more likely with a timely diagnosis and proper management.

CHI increases awareness of HI to improve timely diagnosis and guideline-driven management of HI to the public and medical personnel who have a direct opportunity to detect it, in order to decrease adverse neurological outcomes and death. To that end, CHI spreads awareness of HI with ongoing campaigns on social media, the CHI website and blog, CHI posters in 25 languages, CHI brochures, through direct mail and email, and at meetings and conferences. CHI provides educational resources and holds conferences and meetings on HI for patients, families, medical professionals, school personnel, and rare disease industry members. To date, CHI has held 35 family and research meetings and conferences with presentations from academic researchers, members of advocacy organizations, HI patients and families, and biotechnology companies.

CHI supports research and development to better understand, treat, manage, and hopefully cure HI. CHI shares the patient perspective with researchers and members of the biopharmaceutical industry to accelerate the development of patient-centered treatments. CHI is a part of the Million Dollar Bike Ride grant program with the University of Pennsylvania’s Center for Orphan Diseases; a pilot research grant is offered each year for an innovative, preclinical or clinical study with the potential to lead to a better HI treatment, a cure for HI, or improvement in the quality of life for those affected by HI. In 2024, CHI was able to award two pilot research grants through this program.

In 2024, the CHI Research Staff worked with a lead epidemiologist to publish *The Birth Prevalence of Congenital Hyperinsulinism: A Narrative Review of the Epidemiology of a Rare Disease*. This publication, published in “Hormone Research in Pediatrics,” reviews epidemiological data on HI as reported in the literature, identifying the strengths and limitations of each HI prevalence study.

CHI conducts the HI Global Registry (HIGR) research project. HIGR provides a convenient online platform for the HI patient community to share their experiences of living with HI. With permission from the patient families, MaxHIGR provides complementary data from the physician perspective. By participating in the HI Global Registry, the patient community helps themselves and researchers better understand HI to advance better treatments, a potential cure, and more timely and accurate diagnoses. A HIGR report is published each year by the CHI staff. Scholars and research may request deidentified data for their research projects.

In 2024, CHI continued to lead the Collaborative Research Network (CRN), a project of CHI dedicated to the development of faster and more accurate diagnoses, new evidence-based treatments and cures, standardized clinical guidelines, and increased and improved access to treatment, medication, devices, and supplies. This ambitious project includes working groups focused on different aspects of a prioritized research agenda (PRA) developed by the CRN's members including 60 leading researchers, clinicians, and patient advocates from 17 countries. The CRN members have been focused on the top priorities identified in the PRA: Newborn Screening (Diagnose all babies with congenital hyperinsulinism in a timely manner); Glucose as a Vital Sign (Increase awareness and timely diagnosis of HI); Care Guidelines (Create and disseminate continually evolving global care guidelines); Natural History (Build a robust registry that collects patient-reported, physician, and real-world data to provide a foundation for HI natural history); Continuous Glucose Monitoring (Create principles for Draft guidelines on CGM use in HI patients).

Since the launch of the CRN in 2020, the CRN members have published a total of 194 articles on congenital hyperinsulinism covering a wide range of topics, including genetics, treatment, disease management, monitoring and technology, screening and diagnostics, clinical guidelines, education, patient experience, quality of life, policy, and access to care.

In 2024, the CRN published an Advocacy Statement and List of Essential Medical Care, Medication, Supplies, and Services for people with HI. The CRN also published *Continuous glucose monitoring for children and young people with hyperinsulinism: a practical guide for families & professionals* and *CGM: a tool to support HI families*. These guides are a collaboration of work by HI experts around the world, including many who are part of the CHI CRN and CHI staff. Patient and caregiver representatives of the CHI CRN provided the patient perspective.

CHI continues to support the Open Hyperinsulinism Genes Program in partnership with the University of Exeter in the UK. This program is the first point-of-need international genetic testing service for HI and is also accelerating scientific knowledge through the creation of a self-sustaining research gene discovery pipeline. Through December 2024, 1001 samples from individuals affected by Congenital Hyperinsulinism and 731 samples from family members from 63 countries on 5 continents have been tested.

In 2024, CHI continued to support the CHI Centers of Excellence Designation and announced a second round of designations. Eight centers were granted the designation, or re-designated, and recognized as multi-disciplinary clinical and research centers in the field of HI. The goals of this program are to make it easier for patient families to access care at leading hospitals, encourage patient-focused standards at the leading hospitals, foster a pipeline of expert clinicians and researchers, and to encourage collaboration among researchers, clinicians, and patient leaders and advocates.

In 2024, CHI became a part of the international, 11-member LightCure Consortium, a project made possible by a grant from the European Union research arm Horizon Europe and encompassing CHI's work to strengthen patient engagement and raise worldwide awareness of HI and its myriad of challenges. The scientific researchers who are a part of the LightCure consortium hypothesize that via a minimally invasive process, light can be used to target and eliminate improperly working pancreatic cells.

CHI advocates on behalf of HI families all over the world for access to quality treatment, medication, and supplies. CHI provides opportunities for affected families to emotionally support each other because the home care medical management of HI is often complicated and difficult. CHI offers online forums, and CHI staff and volunteers are available by telephone, virtually, and in-person for support. CHI establishes funds at hospitals to support families from out of town who must travel to centers of excellence for patient care.

2. Summary of Significant Accounting Policies

A summary of the significant accounting policies followed by CHI in the preparation of the accompanying financial statements is set forth below:

Accounting Method

The financial statements of CHI are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

CHI prepares its financial statements in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC"), *Accounting for Contributions Received and Made*, and *Presentation of Financial Statements of Not-for-Profit Entities*. *Presentation of Financial Statements of Not-for-Profit Entities* establishes standards for external financial reporting by not-for-profit organizations and requires that resources be classified for accounting and reporting purposes into two net asset categories: net assets with donor restrictions and net assets without donor restrictions.

Contributions that are restricted by the donor are reported as increases in net assets without donor restriction if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions. In addition, the standard requires the presentation of qualitative information on how CHI manages its liquid available resources and liquidity risks. Quantitative information that communicates the availability of a nonprofit's financial assets at the statement of financial position date to meet cash needs for general expenditures within one year is required to be presented on the face of the financial statement and/or in the notes to the financial statements.

Congenital Hyperinsulinism International
Notes to Financial Statements
December 31, 2024 and 2023

Accounting for Contributions Received and Made requires that unconditional promises to give be recorded as receivables and revenue and requires CHI to distinguish between contributions received for each net asset category in accordance with donor-imposed restrictions. Accordingly, the net assets and changes therein are classified and reported as follows:

Net Assets without Donor Restrictions are resources representing the portion of expendable funds available for support of CHI's programs and activities. These resources are not subject to donor-imposed stipulations. Net assets without donor restrictions also include those expendable resources which may have been designated for special use by the Board of Trustees.

Net Assets with Donor Restrictions are net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of CHI or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. CHI had net assets with donor restrictions of \$0 and \$35,000 at December 31, 2024 and 2023.

Revenue and Support Recognition

CHI recognizes revenue from program income when the services are provided. The performance obligation consists of hosting annual meetings and global conferences to spread awareness of congenital hyperinsulinism and provide resources to those affected in the form of program income. CHI records special events revenue equal to the fair value of direct benefits to donors, and contribution revenue for the excess received when the event takes place.

CHI recognizes contributions when cash, securities or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give that is, those with a measurable performance or other barrier and a right of return are not recognized until the conditions on which they depend have been substantially met.

Disaggregation of Revenue

In the following table, revenue is disaggregated by timing of satisfaction of performance obligations for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Performance obligations satisfied at a point in time	<u>\$ 1,142,233</u>	<u>\$ 901,852</u>

Revenue from performance obligations satisfied at a point in time is related to awareness raising services in the form of program income and fundraising revenue from special events.

Accounts Receivable

Accounts receivable are stated at amounts management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. There was no allowance for credit losses established as of December 31, 2024 and 2023, as management deemed all accounts receivable to be collectible as of the date of the financial statements.

Allowance for Credit Losses

CHI applies FASB ASC 326 when measuring credit losses for most financial assets and certain other instruments that aren't measured at fair value through net assets. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing an entity's exposure to credit risk and the measurement of credit losses. Financial assets held by CHI that are subject to the guidance in FASB ASC 326 were accounts receivable.

Development Costs

In accordance with FASB ASC, *Intangibles - Goodwill and Other - Internal-Use Software*, internal and external costs incurred during the application development stage to develop computer software solely to meet CHI's internal needs are capitalized. Costs incurred during the preliminary project stage and post-implementation/operation stage are expensed as incurred. Capitalized software costs are amortized on a straight-line basis over the estimated useful life of the software.

Income Taxes

CHI is an organization described under Section 501(c)(3) of the Internal Revenue Code (the "Code") and is therefore exempt from federal income taxes under Section 501(a) of the Code. CHI is also exempt under similar various state tax provisions. Accordingly, no provision for federal or state income tax has been presented in the accompanying financial statements.

CHI follows the provisions of FASB ASC, *Income Taxes*. The standard prescribes a minimum recognition threshold and measurement methodology that a tax position taken or expected to be taken in a tax return is required to meet before being recognized in the financial statements. It also provides guidance for derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition as they relate to those tax positions.

Congenital Hyperinsulinism International
Notes to Financial Statements
December 31, 2024 and 2023

CHI does not expect a significant increase or decrease to the total amounts of unrecognized tax positions during the year ended December 31, 2024. However, CHI is subject to regular audit by tax authorities, including a review of its nonprofit status which management believes would be upheld upon examination. CHI believes that it has appropriate support for the positions taken on its tax returns. Nonetheless, the amounts ultimately paid, if any, upon resolution of the issues raised by the taxing authorities may differ materially from the amounts accrued for each year.

As required by law, CHI files informational returns with the United States federal and various state jurisdictions on an annual basis. These returns are subject to examination by these authorities within certain statutorily defined periods established by the respective jurisdictions.

Fundraising Expense – Special Events

It is CHI's policy to net direct fundraising expense related to special events with special event revenue. Direct fundraising expense for the years ended December 31, 2024 and 2023 was \$54,525 and \$66,450, respectively.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the accompanying statement of activities. Expenses are charged to programs based on direct expenditures incurred. Any program expenditures not directly chargeable are allocated based on estimates made by management. Program costs are those related to awareness, support and research.

Management and general expenses relate to administrative expenses associated with those programs and are allocated based on salary costs, infrastructure costs, and other methods considered by management to be reasonable. The expenses that are allocated include salaries and wages, payroll taxes and employee benefits, telecommunications and technology, professional fees, travel, insurance, printing and postage, office supplies and expense, dues and subscriptions, and bank and merchant fees, which are allocated on the basis of estimates of time, effort and usage. Program costs and materials are allocated on a direct program basis.

Donated Services

CHI recognizes contributed services at their fair value if the services have value to CHI and require specialized skills, are provided by individuals possessing those skills, and would have been purchased if not provided by contributors. If these criteria are met, the related amounts are reported as both in-kind contribution revenue and expense in the statement of activities. Volunteers (including the Board of Trustees) make significant contributions of time relative to general management and operations of CHI. The value of this contributed time is not reflected in these financial statements since it does not meet criteria for recognition under U.S. generally accepted accounting principles.

Congenital Hyperinsulinism International
Notes to Financial Statements
December 31, 2024 and 2023

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts of assets and liabilities, revenues and expenses and changes therein, and disclosures of contingent assets and contingent liabilities and accompanying notes. It is reasonably possible that CHI's estimates may change in the near term.

Reclassification

Certain prior period account balances have been reclassified to conform to current year presentation.

Subsequent Events

Management has reviewed subsequent events and transactions that occurred after December 31, 2024 through the date of the independent auditor's report and the date the financial statements were available to be issued, August 12, 2025. The financial statements include all events or transactions, including estimates, required to be recognized in accordance with generally accepted accounting principles. Management has determined that there are no nonrecognized subsequent events that require additional disclosure.

3. Development Costs

CHI has intangible assets comprised of development costs for the Natural Histories Patient Registry Platform known as the IAMRARE Registry Platform. CHI is the sponsor of the HI Global Registry which has been on the IAMRARE Registry Platform. In November 2023, the HI Global Registry has moved to the Across Healthcare/Matrix Platform and the related development costs are included in intangible assets at December 31, 2024. The purpose of the HI Global Registry is to collect patient-reported data to better define the natural progression of congenital hyperinsulinism to drive new research for better treatments and a cure.

<u>Assets</u>	<u>Estimated Useful Life (Years)</u>	<u>2024</u>	<u>2023</u>
Software	5	\$ 113,351	\$ 123,351
Less: accumulated amortization		<u>(24,545)</u>	<u>(11,875)</u>
		<u>\$ 88,806</u>	<u>\$ 111,476</u>

Amortization expense for the years ended December 31, 2024 and 2023 amounted to \$22,670 and \$1,875, respectively.

6. Concentrations of Credit Risk and Funding Sources

CHI deposits its cash in accounts with major banking institutions. At times, such amounts may be in excess of FDIC insurance limits. Management believes that CHI has no significant risk of loss on these accounts due to the failure of the institutions.

CHI had two sponsors and a grantor for the years ended December 31, 2024 and 2023, which comprised approximately 68% and 54% of total revenue, respectively. CHI had one sponsor that comprised 76% and 62% of receivables at December 31, 2024 and 2023, respectively, all of which were timely collected. As reflected in the Statement of Activities, CHI does receive substantial support from fundraising and contributions from individuals, corporations and foundations. Although no funding source is guaranteed, CHI believes that based upon past history and the continued monitoring of the diverse funding sources by management there is not a significant risk to the agency's funding streams in total.

7. Commitments

In September 2023, CHI entered into an agreement with the European Health and Digital Executive Agency (the "Agency") for grant funding to perform research in line with CHI's mission as a part of the LightCure Consortium. The Agency awarded \$1,642,688 that will be paid in multiple payments over the six-year grant period, beginning January 1, 2024. The funding is contingent on compliance with budgetary, spending, and reporting requirements set by the Agency.

CHI received \$544,894 as an advance in 2024. CHI incurred costs of \$251,487 related to the grant and that amount was recognized as revenue in 2024. Deferred revenue related to the grant amounted to \$293,407 as those funds were not spent in 2024.