** PUBLIC DISCLOSURE COPY ** Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the 2021 calendar year, or tax year beginning and ending							
В	Check if applicate		C Name of organization	D Employer identification number				
	Addr	ess change						
	Nam	e change	INTERNATIONAL WAGR SYNDROME ASSOCIATION			947169		
	Initia	l return	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 769			number		
	term	return/ inated	71	17-	968-7703			
	Ame	nded return	City or town, state or province, country, and ZIP or foreign postal code		F Grou	ıp Exe	mption	
	Applic	cation pending	HANOVER, PA 17331		Number >			
		nting Meth			H Ched	ck 🕨	if the organization is	
		_	WW.WAGR.ORG		not	require	ed to attach Schedule B	
			us (check only one) $ \boxed{X}$ 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{}$ 4947(a)(1)	or 527	(For	m 990).	
K	Form o	of organiza	tion; X Corporation Trust Association Other					
L			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets (Part II				
_		n (B)) are S	S500,000 or more, file Form 990 instead of Form 990-EZ			\$		
P	art I	_	enue, Expenses, and Changes in Net Assets or Fund Balances	`			′	
_	Τ.		if the organization used Schedule O to respond to any question in this Part I				X 74 010	
	1		ions, gifts, grants, and similar amounts received			1	74,018.	
	2		service revenue including government fees and contracts			2		
	3	Members	hip dues and assessments			3	66.	
	4		nt income SEE SCHED	опъ О		4	00.	
	5a		nount from sale of assets other than inventory 5a 5b		-			
	b					F.		
	C	,	oss) from sale of assets other than inventory (subtract line 5b from line 5a)			5c		
	-	-	and fundraising events: Some from gaming (attach Schedule G if greater than					
ine	a	\$15,000)						
Revenue	١,	. , ,	come from fundraising events (not including \$ of contribution:	e	-			
æ	"		draising events reported on line 1) (attach Schedule G if the sum of such	3				
			ome and contributions exceeds \$15,000)	2,3	67.			
	_ ا	-	ect expenses from gaming and fundraising events 6c	7'	73.			
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	1,594.	
	7a		es of inventory, less returns and allowances 7a			-		
	b		t of goods sold 7b					
	C	Gross pro	ofit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c		
	8	Other rev	enue (describe in Schedule 0) SEE SCHEDI	ULE O		8	16,514.	
_	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	92,192.	
	10		nd similar amounts paid (list in Schedule 0)			10	1,000.	
	11		paid to or for members			11		
Ş	12	Salaries,	other compensation, and employee benefits			12	20,900.	
nse	13	Profession	nal fees and other payments to independent contractors			13	4,140.	
Expenses	. 14	Occupan	cy, rent, utilities, and maintenance			14		
Ш̈́	15	Printing,	publications, postage, and shipping			15		
	16		enses (describe in Schedule 0) SEE SCHED	ULE O		16	27,795.	
_	17		enses. Add lines 10 through 16		•	17	53,835.	
s	18		(deficit) for the year (subtract line 17 from line 9)			18	38,357.	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule 0)								
As			ree with end-of-year figure reported on prior year's return)			19	55,323.	
Ret	20		anges in net assets or fund balances (explain in Schedule 0)			20	0.	
_	21	Net asse	s or fund balances at end of year. Combine lines 18 through 20			21	93,680.	

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Page 2

	rt II	Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule O to resp	ond to any question	in this Part II				. X
			(,	A) Beginning of year		(B) E	nd of ye	ar
22	Cash,	, savings, and investments		56,145.	22		89,	281.
23		and buildings			23			
24	Other	assets (describe in Schedule 0) SEE SCHEDULE O		0.	24		4,	677.
25		assets		56,145.				958.
26	Total	liabilities (describe in Schedule 0) SEE SCHEDULE O		822.				278.
27		issets or fund balances (line 27 of column (B) must agree with line 21)		55,323.			93.	680.
	rt III	Statement of Program Service Accomplishmen	ts (see the instructi	ons for Part III)	1	Fx	penses	
		Check if the organization used Schedule O to resp	•	•		(Required	for secti	
Wha	t is the	organization's primary exempt purpose? SEE SCHEDULE O	ond to any quotion	mremo r are m		501(c)(3)		
		· · · · · · · · · · · · · · · · · · ·		la a alamanda analas		organization others.)	ons, opti	onai tor
		rganization's program service accomplishments for each of its three largest program se ibe the services provided, the number of persons benefited, and other relevant informat		in a clear and concise				
28	<u>π</u> Ο 1	PROMOTE AWARENESS, STIMULATE RESI	ZARCH AND CIIDI	DOBū	-			
		ILIES AFFECTED BY WAGR SYNDROME.	ARCH AND DOLL	ORI	-			
	I. WIII.	IDIES AFFECIED DI WAGK SINDKOME:			-			
	(0	1 000 \ \(\text{\text{trive}} \)			— √],	20.5	3 5	254.
	(Grants	s \$ 1,000.) If this amount includes foreign g	rants, check here	<u> </u>		28a	35,	254.
29					-			
				<u> </u>	—, l			
	(Grants	s \$) If this amount includes foreign g	rants, check here	> [2	29a		
30								
					— I			
	(Grants	s \$) If this amount includes foreign g	rants, check here	> [30a		
31	Other							
	(Grants	s \$) If this amount includes foreign g	rants, check here	>	3	31a		
32	Total	program service expenses (add lines 28a through 31a)			. ▶	32	35,	254.
Pa	rt IV	<u> </u>		ven if not compensated - se	e the ins	structions fo	r Part IV)	
		Check if the organization used Schedule O to resp	ond to any question	in this Part IV				🔲
		Check if the organization used Schedule O to resp	(b) Average hours	(C) Reportable (d) Heal	Ith benefits,		timated
		(a) Name and title	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC/	contrib employ	outions to ree benefit	amoun	t of other
TO			(b) Average hours	(C) Reportable compensation (Forms W-2/1099-MISC/	ćontrib employ olans, ar	outions to	amoun	
	M CO	(a) Name and title	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	ćontrib employ olans, ar	outions to ree benefit and deferred	amoun	t of other
	M CO	(a) Name and title	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	ćontrib employ olans, ar	outions to ree benefit and deferred	amoun	t of other
DI	RECT	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	ćontrib employ olans, ar	putions to ree benefit nd deferred ensation	amoun	t of other ensation
DI	RECT	(a) Name and title OX FOR VAN DE SANDE	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	ćontrib employ olans, ar	outions to ree benefit and deferred ensation	amoun	t of other ensation 0 •
DI DI	RECT NDA RECT	(a) Name and title OX FOR VAN DE SANDE FOR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	ćontrib employ olans, ar	putions to ree benefit nd deferred ensation	amoun	t of other ensation
DI LI DI CA	RECT NDA RECT THRY	(a) Name and title OX FOR VAN DE SANDE FOR YNE CANSLER	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-MICC) (if not paid, enter -0-)	ćontrib employ olans, ar	outions to ee benefit not deferred ensation	amoun	t of other ensation 0 •
DI LI DI CA DI	RECT NDA RECT THRY RECT	(a) Name and title OX FOR VAN DE SANDE FOR YNE CANSLER FOR (THRU 1/2021)	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	ćontrib employ olans, ar	outions to ree benefit and deferred ensation	amoun	t of other ensation 0 •
DI DI CA DI KE	RECT NDA RECT THRY RECT LLY	(a) Name and title OX FOR VAN DE SANDE FOR YNE CANSLER FOR (THRU 1/2021) TROUT	(b) Average hours per week devoted to position 1.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)	ćontrib employ olans, ar	outions to receive benefit and deferred ensation O. O.	amoun	t of other ensation 0. 0.
DI LI CA DI KE CH	RECT NDA RECT THRY RECT LLY AIRI	(a) Name and title OX FOR VAN DE SANDE FOR YNE CANSLER FOR (THRU 1/2021) TROUT MAN	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-MICC) (if not paid, enter -0-)	ćontrib employ olans, ar	outions to ee benefit not deferred ensation	amoun	t of other ensation 0 •
DI DI CA DI KE CH JE	RECT NDA RECT THRY RECT LLY AIRM	(a) Name and title OX FOR VAN DE SANDE FOR YNE CANSLER FOR (THRU 1/2021) TROUT MAN GUNCKLE	(b) Average hours per week devoted to position 1.00 1.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (if not paid, enter -0-) c	ćontrib employ olans, ar	outions to receive benefit and deferred ensation O . O .	amoun	t of other ensation 0. 0. 0.
DI DI CA DI KE CH VI	RECT NDA RECT THRY RECT LLY AIRM NNY CE ((a) Name and title DX FOR VAN DE SANDE FOR YNE CANSLER FOR (THRU 1/2021) TROUT MAN GUNCKLE CHAIRMAN (THRU 1/2022)	(b) Average hours per week devoted to position 1.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-)	ćontrib employ olans, ar	outions to receive benefit and deferred ensation O. O.	amoun	t of other ensation 0. 0.
DI LI CA DI KE CH JE VI	RECTONDA RECTONTAL RECTONTAL LLY AIRM NNY CE (HN M	(a) Name and title DX FOR VAN DE SANDE FOR YNE CANSLER FOR (THRU 1/2021) TROUT MAN GUNCKLE CHAIRMAN (THRU 1/2022) MORRIS	(b) Average hours per week devoted to position 1.00 1.00 2.00 5.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (1099-MISC) (If not paid, enter -0-)	ćontrib employ olans, ar	outions to receive benefit and deferred ensation O . O . O .	amoun	t of other ensation O. O. O.
DI LI DI CA DI KE CH JE VI JO	RECT NDA RECT THRY RECT LLY AIRM NNY CE (HN M CRET	(a) Name and title DX FOR VAN DE SANDE FOR YNE CANSLER FOR (THRU 1/2021) TROUT MAN GUNCKLE CHAIRMAN (THRU 1/2022) MORRIS FARY	(b) Average hours per week devoted to position 1.00 1.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (if not paid, enter -0-) c	ćontrib employ olans, ar	outions to receive benefit and deferred ensation O . O .	amoun	t of other ensation 0. 0. 0.
DI DI CA DI KE VI JE NI	RECT NDA RECT THRY RECT LLY AIRM NNY CE (HN M CRET KKI	(a) Name and title OX FOR VAN DE SANDE FOR YNE CANSLER FOR (THRU 1/2021) TROUT MAN GUNCKLE CHAIRMAN (THRU 1/2022) MORRIS FARY HOFFMAN	(b) Average hours per week devoted to position 1.00 1.00 2.00 5.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	ćontrib employ olans, ar	Dutions to receive benefit not deferred ensation O. O. O.	amoun	t of other ensation O. O. O. O.
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

So Die the organization engage in any significant activity not previously reported to the IHSP II Yes, provide a detailed description or each archive; in Schedule 0. 33		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
actively in Scheduler 33 X				Yes	No
actively in Scheduler 33 X	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
34 We any significant changes made to the organizating or governing documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization name. Chervisce, capital the change on Schulude O. See instructions 35. I M the organization have unrelated business gross income of \$1,000 or more during the year from business activities (auch as those reported on lines 2, 6a, and 7a, among others)? 15. If Yes' to line SSa, has the organization filed a form \$90°-Tor the year? If Yes, form \$90°-Tor the year? If Yes, \$10°-Yes' to line SSa, but the organization is defended or \$10°-Yes' complete Schedule C. Part III 15. If Yes' to line SSa, has the organization filed a form \$90°-Tor the year? If Yes, \$10°-Yes' to line \$1.00°-Yes' to line organization and \$1.00°-Yes' to line the security of the organization and \$1.00°-Yes' to line organization the form \$1.00°-Yes' to line organization \$1.00°-Yes' to line organization the form \$1.00°-Yes' to line organization \$1.00°-Yes' to line organization the form \$1.00°-Yes' to line \$1.00°-Yes' to line \$1.00°-Yes' to line \$1.00°-Yes' to line organization the form \$1.00°-Yes' to line \$1.00°-Ye			33		Х
documents if they reflect a change to the organization's name. Officerwise, explain the change on Schedule O. See instructions 5	34				
35.8 I Ut the organization have unrelated business gross income of \$1,000 or more during the year from business activities (auch as those reported on lines 2, 6a, and 7a, among others)? b if Yes' to line 35a, has the organization filled a Form 990-T for the year? If 'No,' provide an explanation in Schedule 0 Visit the organization as exciton 501(c)(4), 507(c)(5), or 501(c)(5) in grain-tain subject to section 803(c) motion, reporting, and proxy tax requirements during the year? If 'Yes', complete Schedule C, Part III and the organization and provide part of Schedule N 35b			34		Х
on lines 2, 6a, and 7a, among others)? b If Vest 1 bin a5b, has the organization filed a form 990-T for the year? If Via; "provide an explanation in Schedule 0 Was the organization a section 601(c)(4), 501(c)(5), or 601(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Ves," complete Schedule C, Part III 73	35 a				
b If Yes' to line 35s, has the organization fleed a form 990-1 for the year? If Yes, provide an explanation in Schedule 0 c Visa the organization a section 501(c)4, 501(c)(4), 501 (c)(5), or 501 (c)(6) organization subject to section 603(s) enotice, reporting, and proxy tax requirements during the year? If Yes', complete spiciation, dissolution, termination, or significant disposition of net assets during the year? If Yes', complete spiciation (solution), remination, or significant disposition of net assets during the year? If Yes', complete spiciation life form 1120-PDL for this year? If Yes', and the organization the Form 1120-PDL for this year? If Yes', and the organization in Form 1120-PDL for this year of the organization in Form 1120-PDL for this year of the organization in Form 1120-PDL for this year of the organization in Form 1120-PDL for this year of the organization in Form 1120-PDL for this year of the organization in Form 1120-PDL for this year or when the organization in Form 1120-PDL for this year or when year organizations. Enter a limitation free and capital contributions included on line 9 and the organization of the organization in Form 1200-PDL for this year or when year organizations. Enter a limitation free and capital contributions included on line 9 and year or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of the year or year of the engage in any section 4950 by the organization organization ransages or disqualified persons during the year organization range or disqualified persons during the year organization and year organization and year or did the organization to a provision organization and year organization that the properties of the year organization that the properties of the properties o			35a		Х
c Miss the organization a section 501 (c)(4), 50 flo(x)5, or 50 flo(x)6) organization subject to section 6033(e) motics, reporting, and proxy tax requirements during the year? If Yes," complete splicable parts of Schedule II. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," 38 S. X. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. S. 38 b II the organization for political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. S. 37b II Yes, and the organization form 1129-P0. For this year? 38b III the organization between from or make any locate, or year organization structure? 38b III Yes, complete Schedule L, Part II, and enter the total amount involved 38b III Yes, complete Schedule L, Part II, and enter the total amount involved 38b III Yes, complete Schedule L, Part II, and enter the total amount involved 38b III Yes, complete Schedule L, Part II, and enter the total amount involved 38b III Yes, complete Schedule L, Part II, and enter the total amount involved 38b III Yes, complete Schedule L, Part II, and enter the total amount involved 38c III Yes, complete Schedule L, Part II, and enter the total amount involved 38b III Yes, complete Schedule L, Part III, and enter the total amount involved 38b III Yes, complete Schedule L, Part III, and enter the total amount involved 38c III Yes, complete Schedule L, Part III, and enter the total amount involved 38c III Yes, complete Schedule L, Part III and enter the total amount involved 38c III Yes, complete Schedule L, Part III and enter the total amount involved 38c III Yes, complete Schedule L, Part III and enter the total amount of tax imposed on the organization during the year year year that has not been reported on any of its print forms a section 50 (10(3)), 50 (10(4)), and 50 (10(29) organizations. Part amount of tax on line 40c reimbursed by the organization organizatio	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		N/	
Requirements during the year? If "Yes," complete Schedule C, Part III 856	С				
38 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete a policible parts of Schodule N 37 a Enter amount of political expenditures, direct of indirect, as described in the instructions			35c		Х
as a line amount of political expenditures, direct or indirect, as described in the instructions	36				
37a a Inter amount of political expenditures, direct or indirect, as described in the instructions ▶			36		Х
b Did the organization file Form 1120-POL for this year? 8a Did the organization berrow from, or make any loans to, any office, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the ax year covered by this return? 9	37 a				
38a Dit the organization horrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 8 Section 501(c)(7) organizations. Enter: 8 Initiation fees and capital contributions included on line 9 9 Gross receipts, included on line 9, for public use of club facilities 9 In N/A 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 9 section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4915 ▶ 0 8 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, of tilt prior forms 990 or 990-EZ if 1*%; complete Schedule I., Part I 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization analysis or disqualified persons during the year under sections 4912, 4955, and 4958 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization analysis or disqualified persons during the year under sections 4912, 4955, and 4958 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and prior to a prohibited tax shelter transaction? If Yes,* complete Form 886-T 10 List the states with which a copy of this return is filed ▶ PA, VA, SC 11 List the states with which a copy of this return is filed ▶ PA, VA, SC 12 The organization was a control organization thave an interest in or a signature or other authority over a financial account in a foreign country Value organization was a control organization thave an interest in or a signature or other authority over a financial account in a			37b		Х
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in Schedule 0 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b			440		Λ
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b	15 ~	Did the organization have a controlled entity within the meaning of section 519/b)/19/9			x
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions			408		21
	IJ		∆ 5h		
				90-F7 /	(2021)

If "Yes," c	rganization engage, directly or indirectly, in po		ies on hehalf of or i	n annacitia							
	omplete Schedule C. Part I	Jilicai campaign activiti				-			46		Х
art VI	Section 501(c)(3) Organization	s Only									
	All section 501(c)(3) organizations must	answer questions 47	-49b and 52, and	l complete	e the tab	les for lines	50 an	d 51.			
	Check if the organization used Schedule	e O to respond to any	question in this	Part VI .							
								_		Yes	Ν
	rganization engage in lobbying activities or ha	` '									_
									47		
	panization a school as described in section 17			E					48		2
	rganization make any transfers to an exempt r		-						49a		Σ
	vas the related organization a section 527 organization as								49b	مرامين	
	this table for the organization's five highest of			s, directors	s, trustees	s, and key en	іріоуее	s) who ead	nrec	eiveu ii	101
נוומוו ק וטנ	0,000 of compensation from the organization. (a) Name and title of each employee		(b) Average	houre	(0)	Reportable	(d) Hes	Ith benefits,	10) Estim	ata
	(a) Name and the or each employee	•	per week dev		compén	sation (Forms	` ćontri	butions to yee benefit		ount of	
	NOI	VE.	positio	n		099-MISC/ 99-NEC)	plans, a	nd deferred ensation	COI	mpensa	atic
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			1								
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organizati	this table for the organization's five highest of the ion. If there is none, enter "None." NOI lame and business address of each independent	compensated independe NE	ent contractors who				00 of c				 1
organizati		compensated independe NE			ved more		00 of c			m the	1
organizati	ion. If there is none, enter "None." NOI	compensated independe NE					00 of c				1
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organizati (a) N	ion. If there is none, enter "None." NOI lame and business address of each independent independent contractors each reganization complete Schedule A? Note: All s	compensated independe NE ent contractor ceiving over \$100,000	ent contractors who	(b			000 of c	(c) C	ompe	nsation	<u> </u>
Total num Did the or complete	ion. If there is none, enter "None." NOI lame and business address of each independent and business address of each independent contractors each reganization complete Schedule A? Note: All s d Schedule A	compensated independence NE ent contractor ceiving over \$100,000 ection 501(c)(3) organi	zations must attach	(b)) Type of	service		(c) C	ompe	nsation	
Total num Did the or completer er penalties	ion. If there is none, enter "None." NOI lame and business address of each independent and business address of each independent contractors each representation complete Schedule A? Note: All sides Schedule A.	compensated independence NE ent contractor ceiving over \$100,000 ection 501(c)(3) organi s return, including acco	zations must attach	(b)) Type of	service	et of my	(c) C	ompe	nsation	
Total num Did the or completer er penalties	ion. If there is none, enter "None." NOI lame and business address of each independent and business address of each independent contractors each reganization complete Schedule A? Note: All s d Schedule A	compensated independence NE ent contractor ceiving over \$100,000 ection 501(c)(3) organi s return, including acco	zations must attach	(b)) Type of	service	et of my	(c) C	ompe	nsation	
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Total num Did the or completed der penalties	ion. If there is none, enter "None." NOI lame and business address of each independent noter of other independent contractors each re rganization complete Schedule A? Note: All s d Schedule A s of perjury, I declare that I have examined thi nd complete. Declaration of preparer (other the Signature of officer NIKKI HOFFMAN, TREA	ent contractor seceiving over \$100,000 ection 501(c)(3) organists return, including account officer) is based on	zations must attach	(b)) Type of	service	ot of my	(c) C	ompe	nsation	
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Total num Did the or completed er penalties , correct, ar ire	ion. If there is none, enter "None." NOI lame and business address of each independent mber of other independent contractors each re rganization complete Schedule A? Note: All s d Schedule A s of perjury, I declare that I have examined thi nd complete. Declaration of preparer (other the Signature of officer NIKKI HOFFMAN, TREA Type or print name and title Print/Type preparer's name	compensated independents NE ent contractor ceiving over \$100,000 ection 501(c)(3) organi s return, including accolan officer) is based on ASURER Preparer's signature NIKKI L. E	zations must attach	es and state	Type of Type of	service	ot of my	(c) C	Yee and	s belief,	
Total num Did the or completed er penalties , correct, ar gn id eparer	nber of other independent contractors each reganization complete Schedule A? Note: All s d Schedule A sof perjury, I declare that I have examined thind complete. Declaration of preparer (other the Signature of officer NIKKI HOFFMAN, TREAType or print name and title Print/Type preparer's name NIKKI L. BARDIN, CPA	eceiving over \$100,000 ection 501(c)(3) organi s return, including account officer) is based on ASURER Preparer's signature NIKKI L. F	zations must attach	(b)	Type of Type of	nd to the bes	Date if yed	(c) C X knowledge	Yee and	s belief,	
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Total num Did the or completed ler penalties , correct, ar an ire	ion. If there is none, enter "None." NOI lame and business address of each independent nber of other independent contractors each re rganization complete Schedule A? Note: All s d Schedule A s of perjury, I declare that I have examined thi nd complete. Declaration of preparer (other the Signature of officer NIKKI HOFFMAN, TREA Type or print name and title Print/Type preparer's name NIKKI L. BARDIN, CPA Firm's name STAMBAUGH NI Firm's address 220 ST CHAB	compensated independent NE ent contractor ceiving over \$100,000 ection 501(c)(3) organi s return, including account officer) is based on ASURER Preparer's signature NIKKI L. E A CPA ESS, INC. RLES WAY, S	zations must attach	es and state	Type of Type of	nd to the bes	ot of my	(c) C X knowledge	<u>Ompe</u>	s belief,	
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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization INTERNATIONAL WAGR SYNDROME ASSOCIATION 20-1947169 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	46,959.	107,041.	63,639.	57,273.	74,018.	348,930.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	46,959.	107,041.	63,639.	57,273.	74,018.	348,930.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						12,568.
	Public support. Subtract line 5 from line 4.						336,362.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	46,959.	107,041.	63,639.	57,273.	74,018.	348,930.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	27.	12.	19.	17.	66.	141.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					. .	
	assets (Explain in Part VI.)		827.	761.	6,109.	16,514.	
11	Total support. Add lines 7 through 10						373,282.
	Gross receipts from related activities,					12	21,259.
	First 5 years. If the Form 990 is for th						. —
	organization, check this box and stor						>
	tion C. Computation of Publi						90.11 %
	Public support percentage for 2021 (li					14	
	Public support percentage from 2020					15	
	33 1/3% support test - 2021. If the contain here. The organization qualifies						
	stop here. The organization qualifies 33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
	10% -facts-and-circumstances test		•			and line 1/1 is 10%	
	and if the organization meets the fact:	-					
	meets the facts-and-circumstances te		•	-		· ·	
	10% -facts-and-circumstances test	•	•			7a and line 15 is	
	more, and if the organization meets the	ū				•	10/0 01
	organization meets the facts-and-circu		•		•		
	· ·				, check this box a		······································

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	now, please comp	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		(2) = 2 : 2	(5) = 5 + 5	(-,	(-,	(0)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge				+	+	
	Total. Add lines 1 through 5				+		
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				_		1
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						
Sec	tion C. Computation of Public						•
15	Public support percentage for 2021 (lii	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					•	<u></u>
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box an						▶□
b	33 1/3% support tests - 2020. If the	=	-				and
-	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
3b		
3c		
30		
4a		
46		
4b		
4c		
5a		
5b		
5c		
6		
-		
7		
8		
0-		
9a		
9b		
9c		
10a		
10b		
ule A (Fori	n 990)	2021

Sche	dule A (Form 990) 2021 INTERNATIONAL WAGR SYNDROME ASSOCIATION 20-19	<u>4716</u>	9 Pa	age 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, ,			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	1 '	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

132025 01-04-22

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions Current Year							
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	4 Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
_6	Other distributions (describe in Part VI). See instructions.			6				
_ 7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.							
9								
10	0 Line 8 amount divided by line 9 amount 10							
	_	/:\	(::)		/:::\			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason	ո-		
able cause required - explain in Part VI). See instruction	s.		
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7:			
Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if			
any. Subtract lines 3g and 4a from line 2. For result grea	iter		
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h	ո		
and 4b from line 1. For result greater than zero, explain i	in		
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

INTERNATIONAL WAGR SYNDROME ASSOCIATION 20-1947169

Organization type (check one):						
Filers of:	Filers of: Section:					
Form 990 c	or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-F	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Ru	ule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Ru	iles					
se	ections 509(a)(1) a ontributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
y∈ is pı	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must inswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

INTERNATIONAL WAGR SYNDROME ASSOCIATION

20-1947169

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Name of organization Employer identification number

INTERNATIONAL WAGR SYNDROME ASSOCIATION

20-1947169

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	0 1947109
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
123453 11-11	I-21		Schedule B (Form 990) (2021)

Name of organization Employer identification number

INTERN	NATIONAL WAGR SYNDROME A	ASSOCIATION			20-1947169		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)				at total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$	1,000 or less for the	he year. (Enter this info. once	.) ► \$		
(a) No. from	Use duplicate copies of Part III if additional	•					
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held			
ŀ		(e) Transfe	er of aift				
	(-)						
-	Transferee's name, address, ar	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
	-						
(a) No. from	(b) Purpose of gift	(a) Uso of a	i#	(d) Dosco	rintian of how gift is hold		
Part I	(b) Full pose of gift	(c) Use of gift		(d) Description of how gift is held			
					_		
	(e) Transfer of gift						
F	Transferee's name, address, ar	nd ZIP + 4	К	elationship of tran	sferor to transferee		
		_					
(a) No			I				
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Desci	ription of how gift is held		
Part I							
-		(a) Tunnet	£ -::£1				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No.	4.5	, , , , ,					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desci	ription of how gift is held		
ľ	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tran	sferor to transferee		

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

INTERNATIONAL WAGR SYNDROME ASSOCIATION

Employer identification number 20-1947169

INTERNATIONAL WAGE SYNDROME ASSO	OCIATION 20-1947169
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT IN	NCOME:
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	66.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER INCOME	1,380.
PPP LOAN FORGIVENESS	5,457.
ERTC CREDIT	9,677.
TOTAL TO FORM 990-EZ, LINE 8	16,514.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DUES AND SUBSCRIPTIONS	208.
COMMISSIONS AND FEES	795.
INSURANCE	1,682.
OFFICE EXPENSES	7,379.
CONFERENCES AND MEETINGS	11,486.
TRAVEL AND MEALS	4,078.
ORGANIZATIONAL EXPENSES	300.
FAMILY SUPPORT EXPENSES	380.
ADVERTISING	1,487.
TOTAL TO FORM 990-EZ, LINE 16	27,795.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION	BEG. OF YEAR END OF YEAR
LHA For Panerwork Reduction Act Notice see the Instructions for Form 990 or 990-F7	Schedule O (Form 990) 202

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization **Employer identification number** INTERNATIONAL WAGR SYNDROME ASSOCIATION 20-1947169 4,677. ERTC RECEIVABLE 0. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: BEG. OF YEAR DESCRIPTION END OF YEAR CREDIT CARD PAYABLE 822. 278. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE INTERNATIONAL WAGR SYNDROME ASSOCIATION (IWSA) IS A PATIENT ADVOCACY ORGANIZATION WITH APPROXIMATELY 225 MEMBER FAMILIES, ENGAGED VIA A VARIETY OF SUPPORT AND INFORMATION-SHARING ACTIVITIES. THE MISSION OF THE IWSA IS TO PROMOTE AWARENESS, STIMULATE RESEARCH, AND SUPPORT FAMILIES AFFECTED BY WAGR SYNDROME. THE IWSA BELIEVES IN PLACING PATIENTS AND FAMILIES IN THE FOREFRONT OF ALL ACTIVITIES OF THE ORGANIZATION. THE IWSA HOSTS GATHERINGS OF FAMILIES TO SHARE GENERAL INFORMATION ABOUT WAGR SYNDROME AND TO PROVIDE EMOTIONAL SUPPORT. BOARD MEMBERS AND OTHER LEADERS OF THE ORGANIZATION ATTEND CONFERENCES PERTAINING TO RARE DISEASE RESEARCH AND PATIENT ADVOCACY. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.