Form **99** 

Department of the Treasury

## Docusign Envelope ID: 6539F09D-73DE-41DA-B736-D42A09656B2E \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** 

| inter         | nai nevei                |  |            |                                  |                               |
|---------------|--------------------------|--|------------|----------------------------------|-------------------------------|
| ΑI            | For the                  | e 2024 calendar year, or tax year beginning and end  | ding       |                                  |                               |
|               | Check if<br>applicable   | c Name of organization   |            | D Employer identif               | ication number                |
|               | Addres<br>change         |  |            |                                  |                               |
|               | Name<br>change           | Doing business as  |            | 91-12572                         | 37                            |
|               | Initial<br>return        |  | om/suite   | E Telephone numbe                |                               |
|               | Final<br>return/         | 212 THIRD AVENUE N 48  |            | 651-641-                         |                               |
|               | termin-<br>ated          | City or town, state or province, country, and ZIP or foreign postal code   |            | <b>G</b> Gross receipts \$       | 5,826,184.                    |
|               | Ameno<br>return          | MINNEAPOLIS, MN 55401  |            | H(a) Is this a group i           |                               |
|               | Applic<br>tion<br>pendin | F Name and address of principal officer: CARMEN SMITTA   |            | for subordinate                  |                               |
|               | _                        | SAME AS C ABOVE  |            | H(b) Are all subordinates        |                               |
|               |                          | Empt status:         X         501(c)(3)         501(c) (         )         (insert no.)         4947(a)(1) or           WWW.GRAYWOLFPRESS.ORG | 527        |                                  | a list. See instructions      |
|               | Websit                   |  |            | H(c) Group exemption             |                               |
|               | art I                    | organization: X Corporation Trust Association Other Summary  | L Year o   | f formation: 1974                | M State of legal domicile: MN |
| F             |                          | -  |            | עעש מטבט פו                      | TNO                           |
| é             | 1                        | Briefly describe the organization's mission or most significant activities: <u>PUBLIS</u><br>VISIONARY WRITERS WHO TRANSFORM CULTURE THE       |            |                                  |                               |
| Governance    |                          |  |            |                                  |                               |
| ern           | 2                        | Check this box if the organization discontinued its operations or disposed   |            |                                  |                               |
| 200           | 3                        | Number of voting members of the governing body (Part VI, line 1a)  |            |                                  |                               |
| تھ<br>ھ       | 4                        | Number of independent voting members of the governing body (Part VI, line 1b)  |            |                                  |                               |
| Activities &  | 5                        | Total number of individuals employed in calendar year 2024 (Part V, line 2a)   |            |                                  |                               |
| tivit         | 6                        | Total number of volunteers (estimate if necessary)   |            |                                  |                               |
| Act           | /a                       | Total unrelated business revenue from Part VIII, column (C), line 12   |            |                                  | -                             |
|               | a l                      | Net unrelated business taxable income from Form 990-T, Part I, line 11   | <u></u>    |                                  | Current Year                  |
|               |                          |  |            | 1,198,128.                       |                               |
| ne            | 8                        | Contributions and grants (Part VIII, line 1h)  |            | 228,694.                         |                               |
| ,en           | 9                        | Program service revenue (Part VIII, line 2g)   |            |                                  |                               |
| Revenue       | 10                       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |            | 74,362.                          |                               |
| _             | 11                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |            | 1,835,062.                       |                               |
|               |                          | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |            | 3,336,246.                       |                               |
|               |                          | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |            | 2,100.                           |                               |
|               |                          | Benefits paid to or for members (Part IX, column (A), line 4)  |            | 1,755,314.                       |                               |
| es<br>es      | 15                       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |            | <u> </u>                         |                               |
| Expenses      | 16a                      | Professional fundraising fees (Part IX, column (A), line 11e)<br>Total fundraising expenses (Part IX, column (D), line 25) 361,432             |            | 0.                               | 0.                            |
| ů.            | о<br>р                   |  |            | 2,062,271.                       | 2,734,090.                    |
| _             | 1 ''                     | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |            | 3,819,685.                       |                               |
|               |                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |            | -483,439.                        |                               |
| <u> </u>      |                          | Revenue less expenses. Subtract line 18 from line 12   |            | inning of Current Year           | End of Year                   |
| Net Assets or | 00                       | Tatal assots (Dart X, line 16)   |            | 5,387,843.                       |                               |
| Asse          | 20<br>21                 | Total assets (Part X, line 16)<br>Total liabilities (Part X, line 26)  |            | 990,547.                         |                               |
| Vet /         | 22                       | Net assets or fund balances. Subtract line 21 from line 20   |            | 4,397,296.                       |                               |
| P             | art II                   | Signature Block  |            | 4,557,250.                       | 5,555,155.                    |
|               |                          | l  | d statemer | nts and to the hest of m         | w knowledge and belief it is  |
|               |                          |  |            |                                  |                               |
|               | ,                        | t, and complete. Declaration of preparer (other than officer) is based on all information of which   | proparor   | <u>5/6/2025</u>                  |                               |
| Sig           | n                        | Signature of officer   |            | Date                             |                               |
| Her           |                          | CARMEN SMITH, DIRECTOR/PUBLISHER   |            |                                  |                               |
|               | •                        | Type or print name and title   |            |                                  |                               |
|               |                          | Preparer's name Preparer's signature   | Da         | ate Check                        | PTIN                          |
| Paid          | d                        | LIZ COOK LIZ COOK  | 0          | 5/05/25 <sup>if</sup> self-emplo | pyed P01878112                |
|               | -<br>parer               | Firm's name CLIFTONLARSONALLEN, LLP  |            | Firm's EIN 4                     | 1-0746749                     |
|               | Only                     | Firm's address 220 SOUTH SIXTH STREET, SUITE 300   |            |                                  |                               |
| 200           | <b>,</b>                 | MINNEAPOLIS, MN 55402  |            | Phone no 61                      | 2-376-4500                    |
| Mar           | v the IF                 | AS discuss this return with the preparer shown above? See instructions   |            |                                  | X Yes No                      |

432001 12-10-24

LHA For Paperwork Reduction Act Notice, see the separate instructions.

4e Total program service expenses

| Form | 990 (2024) GRAYWOLF PRESS 91-1257237 Page 2  |
|------|--|
|      | III Statement of Program Service Accomplishments   |
|      | Check if Schedule O contains a response or note to any line in this Part III   |
| 1    | Briefly describe the organization's mission:<br>GRAYWOLF PRESS PUBLISHES RISK-TAKING, VISIONARY WRITERS WHO TRANSFORM  |
|      | CULTURE THROUGH LITERATURE. WHEN WRITERS ARE FREE TO DO THEIR MOST   |
|      | AMBITIOUS WORK, THEIR BOOKS SERVE AS PORTALS TO NEW POSSIBILITIES AND  |
|      | ENABLE DEEPER UNDERSTANDING BETWEEN PEOPLE. READERS ARE CHANGED BY   |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the   |
|      | prior Form 990 or 990-EZ?  |
| 2    | If "Yes," describe these new services on Schedule O.<br>Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.                                 |
| •    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and                         |
|      | revenue, if any, for each program service reported.  |
| 4a   | (Code:) (Expenses \$ 821,801. including grants of \$ 1,000. ) (Revenue \$ 224,205. )   |
|      | EDITORIAL SERVICES. GRAYWOLF EDITORS CONTINUE TO SEEK SINGULAR WORK  |
|      | THAT IS ENGAGED WITH CONTEMPORARY ISSUES OF OUR TIME, AS WELL AS   |
|      | VOICES, STORIES, AND GENRES THAT ARE UNDERREPRESENTED IN COMMERCIAL  |
|      | PUBLISHING. EDITORS ACQUIRED 37 NEW MANUSCRIPTS IN 2024. WE ARE  |
|      | GRATIFIED BY AWARDS THAT DEMONSTRATE THE EXCELLENCE OF OUR PUBLISHING  |
|      | PROGRAM. IN 2024, YANG SHUANG-ZI AND LIN KING'S TAIWAN TRAVELOGUE WON  |
|      | THE NATIONAL BOOK AWARD FOR TRANSLATED LITERATURE: DIANE SEUSS'S MODERN  |
|      | POETRY WAS A FINALIST FOR THE NATIONAL BOOK AWARD IN POETRY AND WON THE  |
|      | HEARTLAND BOOKSELLERS AWARD FOR POETRY. ADDITIONALLY, IN 2024 LONGTIME<br>GRAYWOLF AUTHOR PERCIVAL EVERETT RECEIVED A NATIONAL BOOK AWARD AMONG                      |
|      | OTHER ACCOLADES, RESULTING IN AN EXTRAORDINARY SALES INCREASE FOR HIS  |
|      | EXTENSIVE GRAYWOLF CATALOG.  |
| 4b   | (Code:) (Expenses \$ 1,799,121. including grants of \$) (Revenue \$ 2,686,315.)<br>PRODUCTION. IN 2024, GRAYWOLF PUBLISHED 29 TITLES FEATURING THE WORK OF           |
|      | 36 AUTHORS AND TRANSLATORS. WE REACHED ABOUT 860,000 READERS WITH OUR  |
|      | 680 TITLES IN PRINT. GRAYWOLF WORKS TO KEEP OUR BOOKS IN PRINT AS LONG   |
|      | AS POSSIBLE, OUR BOOKS ARE RELEASED SIMULTANEOUSLY IN PRINT AND EBOOK  |
|      | EDITIONS, AND OUR BOOKS ARE AVAILABLE IN BOOKSTORES ACROSS THE COUNTRY<br>AS WELL AS ONLINE.   |
|      | AS WELL AS UNLINE.   |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
| 4c   | (Code:) (Expenses \$1,015,325. including grants of \$1,000. ) (Revenue \$)   |
|      | PROMOTION AND MARKETING SERVICES. GRAYWOLF PLAYS A CRUCIAL ROLE IN   |
|      | ADVANCING OUR WRITERS' PROFESSIONAL CAREERS BY PROVIDING DYNAMIC   |
|      | PUBLICITY AND MARKETING. WE ARE COMMITTED TO FINDING A BROAD AUDIENCE  |
|      | FOR EACH PUBLICATION. OUR AUTHORS PARTICIPATED IN APPROXIMATELY 221  |
|      | VIRTUAL AND IN-PERSON EVENTS IN 2024. IN 2024, OUR BOOKS RECEIVED  |
|      | HUNDREDS OF MEDIA HITS, INCLUDING 20 REVIEWS IN THE NEW YORK TIMES AND   |
|      | NEW YORK TIMES BOOK REVIEW, EIGHT REVIEWS IN THE NEW YORKER, THREE<br>REVIEWS IN THE WASHINGTON POST, TWELVE REVIEWS ON NPR AND NPR.ORG, AND                         |
|      | THREE REVIEWS IN THE WASHINGTON FOST, IWELVE REVIEWS ON NEW AND NEW ORG, AND   |
|      | BEYOND JUST THE NUMBER OF BOOKS SOLD, AS OUR BOOKS LEAD AND DEFINE NEW   |
|      | TRENDS, DEMONSTRATED BY AN EXTRAORDINARY RECORD OF AWARD ACHIEVEMENTS  |
|      | AND INCLUSION IN INDUSTRY LISTS CELEBRATING BEST BOOKS OF THE YEAR, THE  |
| 4d   | Other program services (Describe on Schedule O.)   |
|      | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e   | Total program service expenses 3,636,247.  |

| 432002 12-10-24         | SEE SCHEDULE O FOR CONTINUATION(S)<br>3 |
|-------------------------|---|
| 10190505 131839 A424396 | 2024.03040 GRAYWOLF PRESS               |

Form **990** (2024)

Form 990 (2024)

GRAYWOLF PRESS

| Pa     | t IV Checklist of Required Schedules  |      |     |          |
|--------|---|------|-----|----------|
|        |   |      | Yes | No       |
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                               |      |     |          |
|        | If "Yes," complete Schedule A   | 1    | X   | <u> </u> |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                   | 2    | Х   |          |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |      |     | l        |
|        | public office? If "Yes," complete Schedule C, Part I  | 3    |     | X        |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |      |     |          |
|        | during the tax year? If "Yes," complete Schedule C, Part II   | 4    | Х   |          |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or      |      |     |          |
|        | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5    |     | X        |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to         |      |     |          |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I      | 6    |     | X        |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,                         |      |     |          |
|        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                              | 7    |     | X        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete      |      |     |          |
|        | Schedule D, Part III  | 8    |     | X        |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for     |      |     |          |
|        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?         |      |     |          |
|        | If "Yes," complete Schedule D, Part IV  | 9    |     | X        |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                      |      |     |          |
|        | or in quasi-endowments? If "Yes," complete Schedule D, Part V   | 10   | Х   |          |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, |      |     |          |
|        | as applicable.  |      |     |          |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,       |      |     |          |
|        | Part VI   | 11a  | Х   |          |
| b      | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total      |      |     |          |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b  |     | X        |
| с      | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total       |      |     |          |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c  |     | X        |
| d      | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in     |      |     |          |
|        | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d  | Х   |          |
| е      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X             | 11e  | Х   |          |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses           |      |     |          |
|        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X            | 11f  | Х   |          |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete               |      |     |          |
|        | Schedule D, Parts XI and XII  | 12a  | Х   |          |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?                         |      |     |          |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional             | 12b  |     | X        |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                 | 13   |     | X        |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?                                       | 14a  |     | X        |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,           |      |     |          |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000        |      |     | 1        |
|        | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b  |     | X        |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any         |      |     |          |
|        | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15   |     | X        |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to          |      |     | 1        |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16   |     | X        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,           |      |     |          |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17   |     | X        |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines      |      |     |          |
|        | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18   | Х   | <b> </b> |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"            |      |     | l        |
|        | complete Schedule G, Part III   | 19   |     | X        |
| 20a    | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                       | 20a  |     | X        |
| b      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                      | 20b  |     | <b> </b> |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                       |      |     |          |
|        | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II                                 | 21   | 000 | X        |
| 432003 | 12-10-24  | Form | 990 | (2024)   |

10190505 131839 A424396

2024.03040 GRAYWOLF PRESS

4

| Form     | 990 (2024) GRAYWOLF PRESS 91-  | 12572     | 237        | Р   | age <b>4</b> |
|----------|--|-----------|------------|-----|--------------|
| Par      | rt IV Checklist of Required Schedules (continued)  |           |            |     |              |
|          |  | г         |            | Yes | No           |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |           |            |     |              |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |           | 22         |     | _X_          |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current of the organization of | nt        |            |     |              |
|          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |           |            |     |              |
|          | Schedule J   | ······  - | 23         | Х   |              |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of t  | ne        |            |     |              |
|          | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |           |            |     | 37           |
| _        | Schedule K. If "No," go to line 25a  | ·····     | 24a        |     | X            |
|          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | ······    | 24b        |     | <u> </u>     |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |           | ~          |     |              |
|          | any tax-exempt bonds?  | ····· F   | 24c        |     |              |
|          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | ······    | 24d        |     |              |
| 25a      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |           | 05.        |     | v            |
|          | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |           | 25a        |     | X            |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |           |            |     |              |
|          | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |           | 051        |     | v            |
| 00       | Schedule L, Part I   | ······    | 25b        |     | <u> </u>     |
| 26       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |           |            |     |              |
|          | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |           |            |     | v            |
| ~        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   |           | 26         |     | X            |
| 27       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee   |           |            |     |              |
|          | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contr   |           | 07         |     | x            |
| 00       | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II  | /         | 27         |     |              |
| 28       | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,  |           |            |     |              |
| -        | instructions for applicable filing thresholds, conditions, and exceptions):  |           |            |     |              |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>  |           | <u> </u>   |     | v            |
| <b>L</b> | "Yes," complete Schedule L, Part IV  | ····· -   | 28a<br>28b |     | X<br>X       |
|          | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | ·····     | 200        |     |              |
| C        | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>  |           | 28c        |     | х            |
| 29       | "Yes," complete Schedule L, Part IV<br>Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M   | ·····     | 29         |     | X            |
| 29<br>30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  | ·····     | 29         |     |              |
| 50       |  |           | 30         |     | х            |
| 31       | contributions? If "Yes," complete Schedule M   | ·····  -  | 31         |     | X            |
| 32       | Did the organization required, errinnate, or dissorte and cease operations? <i>If Yes, complete Schedule N, Part T</i><br>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes, ' complete</i>   | ·····     | 01         |     |              |
| UL.      | Schedule N, Part II  |           | 32         |     | х            |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | ····· F   | 02         |     |              |
|          | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |           | 33         |     | х            |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  | ····· F   |            |     |              |
|          | Part V, line 1   |           | 34         |     | х            |
| 35a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |           | 35a        |     | X            |
|          | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  | I         | 35b        |     |              |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization  |           |            |     |              |
|          | If "Yes," complete Schedule R, Part V, line 2  |           | 36         |     | х            |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |           |            |     |              |
|          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   |           | 37         |     | х            |
| 38       | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   |           |            |     |              |
|          | Note: All Form 990 filers are required to complete Schedule O  |           | 38         | Х   |              |
| Par      | t V Statements Regarding Other IRS Filings and Tax Compliance  |           |            |     |              |
|          | Check if Schedule O contains a response or note to any line in this Part V   | <u></u>   | <u></u>    |     |              |
|          |  |           |            | Yes | No           |
| 1a       | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   | 179       |            |     |              |
|          | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b   | 0         |            |     |              |
|          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |           |            |     |              |
|          | (gambling) winnings to prize winners?  |           | 1c         |     |              |
| 432004   | 4 12-10-24   |           | Form       | 990 | (2024)       |
|          | F  |           |            |     |              |

#### 10190505 131839 A424396

5 2024.03040 GRAYWOLF PRESS

| Form   | 990 (2024) GRAYWOLF PRESS   |         | 91-1257                | <u>237</u> | Р   | <sub>age</sub> 5 |
|--------|---|---------|------------------------|------------|-----|------------------|
| Par    | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |         |                        |            |     |                  |
|        |   |         |                        |            | Yes | No               |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |         |                        |            |     |                  |
|        | filed for the calendar year ending with or within the year covered by this return   | 2a      | 20                     |            |     |                  |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax retur   |         | •                      | 2b         | Х   |                  |
| 3a     |   | -       |                        | 3a         |     | X                |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule   |         |                        | 3b         |     |                  |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other a   |         |                        |            |     |                  |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial a  |         | •                      | 4a         |     | x                |
| h      | If "Yes," enter the name of the foreign country   |         |                        | 14         |     |                  |
| D.     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A  |         |                        |            |     |                  |
| Fo     |   |         |                        | 50         |     | x                |
|        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |         |                        | 5a<br>5b   |     | X                |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file form 2000 TO |         |                        |            |     |                  |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |         |                        | <u>5</u> c |     |                  |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th   |         |                        |            |     | v                |
|        | any contributions that were not tax deductible as charitable contributions?   |         |                        | <u>6a</u>  |     | X                |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributi  |         | •                      |            |     |                  |
|        | were not tax deductible?  |         |                        | 6b         |     |                  |
| 7      | Organizations that may receive deductible contributions under section 170(c).   |         |                        |            |     |                  |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set   | vices   | provided to the payor? | 7a         |     | <u> </u>         |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |         |                        | 7b         |     |                  |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |         |                        |            |     |                  |
|        | to file Form 8282?  |         |                        | 7c         |     | X                |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d      |                        |            |     |                  |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co  | ontrac  | xt?                    | 7e         |     | X                |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra   | act?    |                        | 7f         |     | X                |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Fo  | orm 88  | 399 as required?       | 7g         |     |                  |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization  | tion fi | le a Form 1098-C?      | 7h         |     |                  |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained   | l by th | e                      |            |     |                  |
|        | sponsoring organization have excess business holdings at any time during the year?  |         |                        | 8          |     |                  |
| 9      | Sponsoring organizations maintaining donor advised funds.   |         |                        |            |     |                  |
| а      |   |         |                        | 9a         |     |                  |
| b      |   |         |                        | 9b         |     |                  |
| 10     | Section 501(c)(7) organizations. Enter:   |         |                        |            |     |                  |
| а      | Initiation fees and capital contributions included on Part VIII, line 12  | 10a     | 1                      |            |     |                  |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b     |                        |            |     |                  |
| 11     | Section 501(c)(12) organizations. Enter:  | 100     |                        |            |     |                  |
|        | Gross income from members or shareholders   | 11a     | 1                      |            |     |                  |
|        | Gross income from other sources. (Do not net amounts due or paid to other sources against   |         |                        |            |     |                  |
| U      |   | 446     |                        |            |     |                  |
| 10-    | amounts due or received from them.)   | 1041    | 2                      | 10-        |     |                  |
|        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  |         |                        | <u>12a</u> |     |                  |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b     | 1                      |            |     |                  |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |         |                        | 40-        |     |                  |
| а      | Is the organization licensed to issue qualified health plans in more than one state?  |         |                        | <u>13a</u> |     |                  |
|        | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |         |                        |            |     |                  |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the  | l       | 1                      |            |     |                  |
|        | organization is licensed to issue qualified health plans  | 13b     |                        |            |     |                  |
| С      | Enter the amount of reserves on hand  | 13c     |                        |            |     |                  |
| 14a    |   |         |                        | 14a        |     | X                |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu   |         |                        | 14b        |     |                  |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune  |         |                        |            |     |                  |
|        | excess parachute payment(s) during the year?  |         |                        | 15         |     | X                |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.  |         |                        |            |     |                  |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment   | t inco  | me?                    | 16         |     | X                |
|        | If "Yes," complete Form 4720, Schedule O.   |         |                        |            |     |                  |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac   | tivitie | S                      |            |     |                  |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  |         |                        | 17         |     |                  |
|        | If "Yes," complete Form 6069.   |         |                        |            |     |                  |
| 432005 | 12-10-24  |         |                        | Form       | 990 | (2024)           |

| Form   | 990 (2024) GRAYWOLF PRESS   | 91              | 1-1257       | 237    | Р       | age 6  |
|--------|---|-----------------|--------------|--------|---------|--------|
|        | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th                                    | rough 7b belov  | v. and for a | "No" r |         |        |
|        | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.                        |                 |              |        | ,       |        |
|        | Check if Schedule O contains a response or note to any line in this Part VI   |                 |              |        |         | X      |
| Sec    | tion A. Governing Body and Management   |                 |              |        |         |        |
|        |   |                 |              |        | Yes     | No     |
| 1a     | Enter the number of voting members of the governing body at the end of the tax year                                   | 1a              | 21           |        |         |        |
|        | If there are material differences in voting rights among members of the governing body, or if the governing           |                 |              |        |         |        |
|        | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                 |                 |              |        |         |        |
| b      | Enter the number of voting members included on line 1a, above, who are independent                                    | 1b              | 21           |        |         |        |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             | with any other  |              |        |         |        |
|        | officer, director, trustee, or key employee?  |                 |              | 2      |         | X      |
| 3      | Did the organization delegate control over management duties customarily performed by or under the                    | direct supervis | sion         |        |         |        |
|        |   | •               |              | 3      |         | x      |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 99                  |                 |              | 4      |         | X      |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's asse               |                 |              | 5      |         | X      |
| 6      | Did the organization have members or stockholders?  |                 |              | 6      |         | X      |
| 7a     | Did the organization have members, stockholders, or other persons who had the power to elect or ap                    |                 |              |        |         |        |
|        | more members of the governing body?   |                 |              | 7a     |         | x      |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto                 | ockholders, or  |              |        |         |        |
|        | persons other than the governing body?  |                 |              | 7b     |         | x      |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year       |                 |              |        |         |        |
|        | The governing body?   |                 |              | 8a     | Х       |        |
|        | Each committee with authority to act on behalf of the governing body?   |                 |              | 8b     | Х       |        |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read            |                 |              |        |         |        |
| -      | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                               |                 |              | 9      |         | x      |
| Sec    | tion B. Policies (This Section B requests information about policies not required by the Internal Rev                 | venue Code )    |              |        |         |        |
|        |   |                 |              |        | Yes     | No     |
| 10a    | Did the organization have local chapters, branches, or affiliates?  |                 |              | 10a    |         | X      |
|        | If "Yes," did the organization have written policies and procedures governing the activities of such cha              |                 |              |        |         |        |
|        |   |                 |              | 10b    |         |        |
| 11a    | Has the organization provided a complete copy of this Form 990 to all members of its governing body                   |                 |              | 11a    | Х       |        |
|        | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                         | 5               |              |        |         |        |
|        | Did the organization have a written conflict of interest policy? If "No," go to line 13                               |                 |              | 12a    | Х       |        |
|        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise |                 |              | 12b    | Х       |        |
|        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma$         |                 |              |        |         |        |
| -      | on Schedule O how this was done   | ,               |              | 12c    | х       |        |
| 13     | Did the organization have a written whistleblower policy?   |                 |              | 13     | Х       |        |
| 14     | Did the organization have a written document retention and destruction policy?  |                 |              | 14     | Х       |        |
| 15     | Did the process for determining compensation of the following persons include a review and approval                   |                 |              |        |         |        |
|        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     |                 |              |        |         |        |
| а      | The organization's CEO, Executive Director, or top management official  |                 |              | 15a    | Х       |        |
|        | Other officers or key employees of the organization   |                 |              | 15b    | Х       |        |
|        | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                    |                 |              |        |         |        |
| 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem           | ent with a      |              |        |         |        |
|        | taxable entity during the year?   |                 |              | 16a    |         | X      |
| b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate            |                 |              |        |         |        |
|        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi                |                 |              |        |         |        |
|        | exempt status with respect to such arrangements?  |                 |              | 16b    |         |        |
| Sec    | tion C. Disclosure  |                 |              |        |         |        |
| 17     | List the states with which a copy of this Form 990 is required to be filed MN, NY, CA                                 |                 |              |        |         |        |
| 18     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an                 | d 990-T (sectio | n 501(c)(3)s | only)  | availal | ole    |
|        | for public inspection. Indicate how you made these available. Check all that apply.                                   |                 |              |        |         |        |
|        | X Own website Another's website X Upon request Other (explain   | on Schedule O   | )            |        |         |        |
| 19     | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con                    |                 |              | financ | cial    |        |
|        | statements available to the public during the tax year.   |                 |              |        |         |        |
| 20     | State the name, address, and telephone number of the person who possesses the organization's boo                      | ks and records  |              |        |         |        |
|        | <u>CARMEN SMITH - (651)788-8461</u>   |                 |              |        |         |        |
|        | 212 THIRD AVE NORTH UNIT 485, MINNEAPOLIS, MN 5540  | 1               |              |        | _       |        |
| 432006 | 12-10-24  |                 |              | Form   | 990     | (2024) |
|        | 7   |                 |              |        |         |        |

<sup>2024.03040</sup> GRAYWOLF PRESS

| Form 990 (2024)      | GRAYWOLF PRESS  | 91-1257237                | Page 7 |
|----------------------|---|---------------------------|--------|
| Part VII Compe       | ensation of Officers, Directors, Trustees, Key Employ   | yees, Highest Compensated |        |
| Employ               | ees, and Independent Contractors  |                           |        |
| Check if S           | Schedule O contains a response or note to any line in this Part VII   |                           |        |
| Section A. Officers, | , Directors, Trustees, Key Employees, and Highest Compensate  | d Employees               |        |
|                      | ole for all persons required to be listed. Report compensation for the ganization's <b>current</b> officers, directors, trustees (whether individuals | , , ,                     | ,      |
|                      | D), (E), and (F) if no compensation was paid.   |                           |        |

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| Name and tile         Average<br>hours per<br>biolities and<br>biolities and | (A)                 | (B)       |         |             | (0      | C)     |         |       | (D)          | (E)          | (F)           |
|---|---------------------|-----------|---------|-------------|---------|--------|---------|-------|--------------|--------------|---------------|
| hours per veek<br>(its any<br>compensation<br>(it) CARMEN ENITH         hours for<br>related<br>organizations<br>below<br>line)         compensation<br>its and elected<br>organizations<br>below<br>line)         compensation<br>for<br>an out of<br>the<br>organizations<br>(W-2/1099-NISC/<br>1099-NEC)         compensation<br>for<br>an out of<br>the<br>organizations<br>(W-2/1099-NISC/<br>1099-NEC)         anount of<br>the<br>organizations<br>(W-2/1099-NISC/<br>1099-NEC)           (1) CARMEN ENITH         40.00         x         x         x         168,600.         0.         25,257.           (2) KATE DUBLINSET         40.00         x         x         x         104,625.         0.         25,257.           (3) ATHEE LAGOS         2.00         x         x         0.         0.         0.           (4) KATHLEEN POE         2.00         x         x         x         0.         0.         0.           (5) ARANGA ADVANT         2.00         x         x         x         0.         0.         0.           (13) ATHEE LAGOS         2.00         x         x         0.         0.         0.         0.           (14) KATHLEEN POE         2.00         x         x         0.         0.         0.           (13) ATHEE LAGOS         2.000         x         x         0.         0.         0.           DIRECTOR         2.000  |                     |           | (do     |             | Pos     | itior  |         |       |              |              |               |
| Week<br>(list ary<br>organizations<br>below<br>line)         Implement<br>(list ary<br>line)         Implement<br>(list ary<br>line) <td></td> <td>hours per</td> <td>box</td> <td>, unles</td> <td>ss pei</td> <td>rson i</td> <td>s both</td> <td>n an</td> <td>compensation</td> <td>compensation</td> <td>amount of</td>  |                     | hours per | box     | , unles     | ss pei  | rson i | s both  | n an  | compensation | compensation | amount of     |
| (1)         CARMEN SMITH         40.00         x         x         x         168,600.         0.         25,257.           (2)         KATE DUBLINSTI         40.00         x         x         104,625.         0.         22,533.           (3)         ATMEE LAGOS         2.00         x         x         0.         0.         0.           (4)         KATHLEN BOE         2.00         x         x         0.         0.         0.           (4)         KATHLEN BOE         2.00         x         x         0.         0.         0.           (5)         RAT BERMAN         2.00         x         x         0.         0.         0.           (5)         RAT BERMAN         2.00         x         x         0.         0.         0.           DIRECTOR         x         x         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0. <td< td=""><td></td><td>week</td><td></td><td>cer an<br/>I</td><td>id a d</td><td>irecto</td><td>or/trus</td><td>tee)</td><td>from</td><td></td><td></td></td<>   |                     | week      |         | cer an<br>I | id a d  | irecto | or/trus | tee)  | from         |              |               |
| (1)         CARMEN SMITH         40.00         x         x         x         168,600.         0.         25,257.           (2)         KATE DUBLINSTI         40.00         x         x         104,625.         0.         22,533.           (3)         ATMEE LAGOS         2.00         x         x         0.         0.         0.           (4)         KATHLEN BOE         2.00         x         x         0.         0.         0.           (4)         KATHLEN BOE         2.00         x         x         0.         0.         0.           (5)         RAT BERMAN         2.00         x         x         0.         0.         0.           (5)         RAT BERMAN         2.00         x         x         0.         0.         0.           DIRECTOR         x         x         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0. <td< td=""><td></td><td></td><td>rector</td><td></td><td></td><td></td><td></td><td></td><td></td><td>U U</td><td></td></td<>   |                     |           | rector  |             |         |        |         |       |              | U U          |               |
| (1)         CARMEN SMITH         40.00         x         x         x         168,600.         0.         25,257.           (2)         KATE DUBLINSTI         40.00         x         x         104,625.         0.         22,533.           (3)         ATMEE LAGOS         2.00         x         x         0.         0.         0.           (4)         KATHLEN BOE         2.00         x         x         0.         0.         0.           (4)         KATHLEN BOE         2.00         x         x         0.         0.         0.           (5)         RAT BERMAN         2.00         x         x         0.         0.         0.           (5)         RAT BERMAN         2.00         x         x         0.         0.         0.           DIRECTOR         x         x         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0. <td< td=""><td></td><td></td><td>or di</td><td>ee</td><td></td><td></td><td>ated</td><td></td><td></td><td></td><td></td></td<>   |                     |           | or di   | ee          |         |        | ated    |       |              |              |               |
| (1)         CARMEN SMITH         40.00         x         x         x         168,600.         0.         25,257.           (2)         KATE DUBLINSTI         40.00         x         x         104,625.         0.         22,533.           (3)         ATMEE LAGOS         2.00         x         x         0.         0.         0.           (4)         KATHLEN BOE         2.00         x         x         0.         0.         0.           (4)         KATHLEN BOE         2.00         x         x         0.         0.         0.           (5)         RAT BERMAN         2.00         x         x         0.         0.         0.           (5)         RAT BERMAN         2.00         x         x         0.         0.         0.           DIRECTOR         x         x         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0. <td< td=""><td></td><td></td><td>ustee</td><td>trust</td><td></td><td>96</td><td>bens</td><td></td><td></td><td>1099-NEC)</td><td>-</td></td<>  |                     |           | ustee   | trust       |         | 96     | bens    |       |              | 1099-NEC)    | -             |
| (1)         CARMEN SMITH         40.00         x         x         x         168,600.         0.         25,257.           (2)         KATE DUBLINSTI         40.00         x         x         104,625.         0.         22,533.           (3)         ATMEE LAGOS         2.00         x         x         0.         0.         0.           (4)         KATHLEN BOE         2.00         x         x         0.         0.         0.           (4)         KATHLEN BOE         2.00         x         x         0.         0.         0.           (5)         RAT BERMAN         2.00         x         x         0.         0.         0.           (5)         RAT BERMAN         2.00         x         x         0.         0.         0.           DIRECTOR         x         x         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0. <td< td=""><td></td><td></td><td>lual tr</td><td>tional</td><td></td><td>nploy</td><td>st con</td><td>_</td><td>1099-1120)</td><td></td><td></td></td<>   |                     |           | lual tr | tional      |         | nploy  | st con  | _     | 1099-1120)   |              |               |
| (1)         CARMEN SMITH         40.00         x         x         x         168,600.         0.         25,257.           (2)         KATE DUBLINSTI         40.00         x         x         104,625.         0.         22,533.           (3)         ATMEE LAGOS         2.00         x         x         0.         0.         0.           (4)         KATHLEN BOE         2.00         x         x         0.         0.         0.           (4)         KATHLEN BOE         2.00         x         x         0.         0.         0.           (5)         RAT BERMAN         2.00         x         x         0.         0.         0.           (5)         RAT BERMAN         2.00         x         x         0.         0.         0.           DIRECTOR         x         x         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0. <td< td=""><td></td><td></td><td>ndivid</td><td>nstitu</td><td>Officer</td><td>key en</td><td>Highes</td><td>-orme</td><td></td><td></td><td>organizations</td></td<>   |                     |           | ndivid  | nstitu      | Officer | key en | Highes  | -orme |              |              | organizations |
| (2)         KATLE DUBLISHER         40.00         x         104,625.         0.         22,533.           ASSOCIATE PUBLISHER         x         x         x         0.         0.         0.           (3)         ATHE LAGOS         2.00         x         x         0.         0.         0.           (4)         KATHLEEN BOE         2.00         x         x         0.         0.         0.           (5)         ART BERMAN         2.00         x         0.         0.         0.         0.           (6)         RAMONA ADVANI         2.00         x         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (6)         RARIN BIRKELAND         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.         0.         0.         0.         0.           (9)         MICHELLE KELEY         2.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.  | (1) CARMEN SMITH    | 40.00     |         | _           |         |        |         |       |              |              |               |
| ASSOCIATE PUBLISHER         X         104,625.         0.         22,533.           (3) AIMEE LAGOS         2.00         X         X         0.         0.         0.           (4) KATHLEEN BOE         2.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           TREASURER         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.   | DIRECTOR/PUBLISHER  |           | Х       |             | х       |        |         |       | 168,600.     | 0.           | 25,257.       |
| (3) AIMEE LAGOS       2.00       X       X       0.       0.       0.         CHAIR       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         OIRECTOR       X       X       0.       0.       0.       0.       0.         OIRECTOR       X       X       0. </td <td>(2) KATIE DUBLINSKI</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   | (2) KATIE DUBLINSKI | 40.00     |         |             |         |        |         |       |              |              |               |
| CHAIR         X         X         X         0.         0.         0.           (4) KATHLEEN BOE         2.000         X         X         X         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           (6) RAMONA ADVANI         2.000         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (7) SHEILA BERUBE         2.000         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.<   | ASSOCIATE PUBLISHER |           |         |             |         |        | X       |       | 104,625.     | 0.           | 22,533.       |
| (4)         KATHLEEN BOE         2.00         X         X         X         0.         0.         0.           SECRFARY         X         X         X         0.         0.         0.         0.           (5)         ART BERMAN         2.00         X         X         0.         0.         0.           (5)         ART BERMAN         2.00         X         X         0.         0.         0.           (6)         RAMONA ADVANI         2.00         X         0.         0.         0.         0.           OTRESTOR         X         0.         0.         0.         0.         0.         0.           (7)         SHEILA BERUBE         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.<   | (3) AIMEE LAGOS     | 2.00      |         |             |         |        |         |       |              |              |               |
| SECRETARY         X         X         X         X         0.         0.         0.           (5)         ART BERMAN         2.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           OIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) CHRIS KIRWAN         2.00         X         0.         0.         0.         0.         0.         0.           (11) STEFANIE ADAMS         2.00         X         0.         0.  | CHAIR               |           | Х       |             | Х       |        |         |       | 0.           | 0.           | 0.            |
| (5) ART BERMAN         2.00         X         X         X         0.         0.         0.           (6) RAMONA ADVANI         2.00         X         X         0.         0.         0.         0.           (6) RAMONA ADVANI         2.00         X         0.         0.         0.         0.           (7) SHEILA BERUBE         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) KARIN BIRKELAND         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0. <td< td=""><td>(4) KATHLEEN BOE</td><td>2.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>   | (4) KATHLEEN BOE    | 2.00      |         |             |         |        |         |       |              |              |               |
| TREASURER         X         X         X         X         0.   | SECRETARY           |           | Х       |             | Х       |        |         |       | 0.           | 0.           | 0.            |
| (6)         RAMONA ADVANI         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (7)         SHEILA BERUBE         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8)         KARIN BIRKELAND         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (10)         CHRIS KIRWAN         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (11)         STEPANIE ADAMS         2.00         X         0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.         0.         0.           (12)         LENASA         2.00         X         0.         0.         0.         0.  | (5) ART BERMAN      | 2.00      |         |             |         |        |         |       |              |              |               |
| DIRECTOR         X         0.         0.         0.         0.           (7)         SHEILA BERUBE         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8)         KARIN BIRKELAND         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (10)         CHTS KIRWAN         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.   | TREASURER           |           | Х       |             | Х       |        |         |       | 0.           | 0.           | 0.            |
| (7) SHEILA BERUBE       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (8) KARIN BIRKELAND       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) CHRIS KIRWAN       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11) STEFANIE ADAMS       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.   | (6) RAMONA ADVANI   | 2.00      |         |             |         |        |         |       |              |              |               |
| DIRECTOR         X         0.         0.         0.           (8) KARIN BIRKELAND         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (9) MICHELLE KEELEY         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (10) CHRIS KIRWAN         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (11) STEFANIE ADAMS         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (11) STEFANIE ADAMS         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (12) LENESA LEANA         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (14) MIKE MEYER </td <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>   | DIRECTOR            |           | Х       |             |         |        |         |       | 0.           | 0.           | 0.            |
| (8)       KARIN BIRKELAND       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (9)       MICHELLE KEELEY       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         0100       CHIS KIRWAN       2.00       X       0.       0.       0.       0.         0110       STEFANIE ADAMS       2.00       X       0.       0.       0.       0.         01110       STEFANIE ADAMS       2.00       X       0.       0.       0.       0.         0112       LENESA LEANA       2.00       X       0.       0.       0.       0.         0113       ZACHARY MCMILLAN       2.00       X       0.       0.       0.       0.         01RECTOR       X       0.       0.       0.       0.       0.       0.       0.         01RECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.         01RECTOR       X       0.       0.       0. </td <td>(7) SHEILA BERUBE</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   | (7) SHEILA BERUBE   | 2.00      |         |             |         |        |         |       |              |              |               |
| DIRECTORX0.0.0.(9) MICHELLE KEELEY2.00X0.0.0.DIRECTORX0.0.0.0.(10) CHRIS KIRWAN2.00X0.0.0.DIRECTORX0.0.0.0.(11) STEFANIE ADAMS2.00X0.0.0.DIRECTORX0.0.0.0.(12) LENESA LEANA2.00X0.0.0.DIRECTORX0.0.0.0.(13) ZACHARY MCMILLAN2.00X0.0.0.DIRECTORX0.0.0.0.(14) MIKE MEYER2.00X0.0.0.DIRECTORX0.0.0.0.(15) SHARON PIERCE2.00X0.0.0.DIRECTORX0.0.0.0.(16) SHAHINA PIYARALI2.00X0.0.0.DIRECTORX0.0.0.0.(17) ALEXIS RACCIATTI2.00X0.0.0.DIRECTORX0.0.0.0.   | DIRECTOR            |           | Х       |             |         |        |         |       | 0.           | 0.           | 0.            |
| (9) MICHELLE KEELEY       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) CHRIS KIRWAN       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) STEFANIE ADAMS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (12) LENESA LEANA       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (13) ZACHARY MCMILLAN       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) MIKE MEYER       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) SHARION PIERCE       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.  | (8) KARIN BIRKELAND | 2.00      |         |             |         |        |         |       |              |              |               |
| DIRECTOR         X         0         0. <th< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>  | DIRECTOR            |           | Х       |             |         |        |         |       | 0.           | 0.           | 0.            |
| (10) CHRIS KIRWAN       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11) STEFANIE ADAMS       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (12) LENESA LEANA       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (13) ZACHARY MCMILLAN       2.00       X       0. <t< td=""><td>(9) MICHELLE KEELEY</td><td>2.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>   | (9) MICHELLE KEELEY | 2.00      |         |             |         |        |         |       |              |              |               |
| DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>   | DIRECTOR            |           | Х       |             |         |        |         |       | 0.           | 0.           | 0.            |
| (11) STEFANIE ADAMS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (12) LENESA LEANA       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (13) ZACHARY MCMILLAN       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) MIKE MEYER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) SHARON PIERCE       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) SHAHINA PIYARALI       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (17) ALEXIS RACCIATTI       2.00       X       0.       0.       0.       0.  | (10) CHRIS KIRWAN   | 2.00      |         |             |         |        |         |       |              |              |               |
| DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>   | DIRECTOR            |           | Х       |             |         |        |         |       | 0.           | 0.           | 0.            |
| (12) LENESA LEANA       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (13) ZACHARY MCMILLAN       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) MIKE MEYER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) SHARON PIERCE       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) SHAHINA PIYARALI       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (17) ALEXIS RACCIATTI       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.  | (11) STEFANIE ADAMS | 2.00      |         |             |         |        |         |       |              |              |               |
| DIRECTOR       X       0.       0.       0.       0.         (13) ZACHARY MCMILLAN       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) MIKE MEYER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) SHARON PIERCE       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) SHAHINA PIYARALI       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) SHAHINA PIYARALI       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (17) ALEXIS RACCIATTI       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.   |                     |           | Х       |             |         |        |         |       | 0.           | 0.           | 0.            |
| (13) ZACHARY MCMILLAN       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) MIKE MEYER       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) SHARON PIERCE       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) SHAHINA PIYARALI       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.  | (12) LENESA LEANA   | 2.00      |         |             |         |        |         |       |              |              |               |
| DIRECTOR       X       0.       0.       0.       0.         (14) MIKE MEYER       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) SHARON PIERCE       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) SHAHINA PIYARALI       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         URECTOR       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         URECTOR       X       0.       0.       0.       0.   |                     |           | Х       |             |         |        |         |       | 0.           | 0.           | 0.            |
| (14) MIKE MEYER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) SHARON PIERCE       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) SHAHINA PIYARALI       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (17) ALEXIS RACCIATTI       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.  |                     | 2.00      |         |             |         |        |         |       |              |              |               |
| DIRECTORX0.0.0.(15) SHARON PIERCE2.00X0.0.0.DIRECTORX0.0.0.0.(16) SHAHINA PIYARALI2.00X0.0.0.DIRECTORX0.0.0.0.(17) ALEXIS RACCIATTI2.00X0.0.0.DIRECTORX0.0.0.0.   | DIRECTOR            |           | Х       |             |         |        |         |       | 0.           | 0.           | 0.            |
| (15) SHARON PIERCE2.00X0.0.0.DIRECTORX0.0.0.0.0.(16) SHAHINA PIYARALI2.00X0.0.0.DIRECTORX0.0.0.0.(17) ALEXIS RACCIATTI2.00X0.0.0.DIRECTORX0.0.0.0.  | (14) MIKE MEYER     | 2.00      |         |             |         |        |         |       |              |              |               |
| DIRECTORX0.0.0.(16) SHAHINA PIYARALI2.00X0.0.0.DIRECTORX0.0.0.0.(17) ALEXIS RACCIATTI2.00X0.0.0.DIRECTORX0.0.0.0.   |                     |           | Х       |             |         |        |         |       | 0.           | 0.           | 0.            |
| (16) SHAHINA PIYARALI2.00X0.0.0.DIRECTORX0.0.0.0.(17) ALEXIS RACCIATTI2.00X0.0.0.DIRECTORX0.0.0.0.  | (15) SHARON PIERCE  | 2.00      |         |             |         |        |         |       |              |              |               |
| DIRECTORX0.0.0.(17) ALEXIS RACCIATTI2.00X0.0.0.DIRECTORX0.0.0.0.  |                     |           | Х       |             |         |        |         |       | 0.           | 0.           | 0.            |
| (17) ALEXIS RACCIATTI2.00X0.0.0.DIRECTORX0.0.0.0.   |                     | 2.00      |         |             |         |        |         |       |              |              |               |
| DIRECTOR X 0. 0. 0.   |                     |           | Х       |             |         |        |         |       | 0.           | 0.           | 0.            |
|   |                     | 2.00      |         |             |         |        |         |       |              | -            |               |
|   | DIRECTOR            |           | Х       |             |         |        |         |       | 0.           | 0.           |               |

8

432007 12-10-24

Form 990 (2024)

| Form 990 (2024) GRAYWOLF  | PRESS  |                                |                           |                       |               |                                   |        |   | 91-1257   | 2 <b>37</b> Pa   | age <b>8</b>  |
|---|--|--------------------------------|---------------------------|-----------------------|---------------|-----------------------------------|--------|---|---|--|---------------|
| Part VII Section A. Officers, Directors, Trust  | tees, Key Emp  | oloy                           | ees,                      | and                   | d Hig         | ghes                              | st C   | ompensated Employee                                 | s (continued)                                     |  |               |
| (A)<br>Name and title   | <b>(B)</b><br>Average<br>hours per<br>week                           | box                            | not cl<br>unles           | Pos<br>heck<br>ss per | rson i        | )<br>than o<br>is both<br>pr/trus | n an   | (D)<br>Reportable<br>compensation<br>from           | (E)<br>Reportable<br>compensation<br>from related | (F)<br>Estimate<br>amount o<br>other                             |               |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stit utio nal tru stee | Officer               | Key em ployee | Highest compensated<br>employee   | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC)     | compensat<br>from the<br>organizati<br>and relate<br>organizatio | e<br>on<br>ed |
| (18) KATHLEEN SMITH<br>DIRECTOR   | 2.00   | x                              |                           |                       |               |                                   |        | 0.  | 0.  |  | 0.            |
| (19) WINIFRED SMITH<br>DIRECTOR   | 2.00   | x                              |                           |                       |               |                                   |        | 0.  | 0.  |  | 0.            |
| (20) PATRICK CLIFFORD<br>DIRECTOR   | 0.00   | x                              |                           |                       |               |                                   |        | 0.  | 0.  |  | 0.            |
| (21) BRETT GOLDBLATT  | 0.00   |                                |                           |                       |               |                                   |        |   |   |  |               |
| DIRECTOR<br>(22) THEA GOODMAN   | 0.00   | Х                              |                           |                       |               |                                   |        | 0.  | 0.  |  | 0.            |
| DIRECTOR<br>(23) RUTH ELLEN KOCHER  | 0.00   | Х                              |                           |                       |               |                                   |        | 0.  | 0.  |  | 0.            |
| DIRECTOR  |  | х                              |                           |                       |               |                                   |        | 0.  | 0.  |  | 0.            |
| (24) EDWARD MCCONAGHAY<br>DIRECTOR  | 0.00   | x                              |                           |                       |               |                                   |        | 0.  | 0.  |  | 0.            |
| (25) WILLIE REYELTS<br>DIRECTOR   | 0.00   | x                              |                           |                       |               |                                   |        | 0.  | 0.  |  | 0.            |
| (26) ELENA SPARLING<br>DIRECTOR   | 0.00   | x                              |                           |                       |               |                                   |        | 0.  | 0.  |  | 0.            |
| 1b Subtotal   |  |                                |                           |                       |               | 1                                 |        | 273,225.  | 0.  | 47,79  |               |
| c Total from continuation sheets to Part VI   |  |                                |                           |                       |               |                                   |        | 0.  | 0.  |  | 0.            |
| d Total (add lines 1b and 1c)   |  |                                |                           |                       |               |                                   |        | 273,225.  | 0.  | 47,79  | <i>)</i> 0.   |
| 2 Total number of individuals (including but no compensation from the organization                        | ot limited to th   | ose                            | liste                     | d ab                  | ove           | e) wh                             | o re   | eceived more than \$100,0                           | 000 of reportable                                 |  | 2             |
| 3 Did the organization list any former officer,<br>line 1a? If "Yes," complete Schedule J for su          | -  |                                | -                         | •                     |               |                                   | Ŭ      |   | •   | Yes<br>3   | No<br>X       |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150            | ,000? If "Yes,   | " со                           | mple                      | ete S                 | Sche          | edule                             | e J f  | or such individual                                  |   | 4 X  |               |
| 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> | •  |                                |                           |                       |               |                                   |        | •   |   | 5  | х             |
| Section B. Independent Contractors  |  |                                |                           |                       |               |                                   |        |   |   |  |               |
| Complete this table for your five highest cor<br>the organization. Report compensation for t              |  |                                |                           |                       |               |                                   |        |   |   | ation from   |               |
| (A)   | ne calendar ye   |                                | nuir                      | ig w                  |               |                                   |        | (B)   |   | (C)  |               |
| Name and business   | address  |                                |                           |                       |               |                                   |        | Description of s                                    | ervices   | Compensation   | 1             |
| BOOKMOBILE<br>210 EDGE PLACE NE, MINNEA   | POLIS,   | MN                             | 5                         | 54                    | 18            |                                   |        | PRODUCTION OF                                       | BOOKS   | 689,97   | 79.           |
| MELANIE JACKSON AGENCY LL<br>STREET, SUITE #3F, NEW YO  |  |                                |                           |                       | ND            |                                   |        | LITERACY AGEN                                       | 1T  | 145,95   | 56.           |
| ASANA PARTNERS FUND, 1616<br>210, CHARLOTTE, NC 28203   |  |                                |                           |                       | ΤE            |                                   |        | OFFICE OCCUPA                                       |   | 122,30   |               |
| ;   |  |                                |                           |                       |               |                                   |        |   |   | -  |               |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

Form 990 (2024)

|   |      |        | 2024) GRAYWOLF PRES   | S                   |                             |            | 91-1257                                     | 237 Page <b>9</b>   |
|---|------|--------|---|---------------------|-----------------------------|------------|---|---|
| Pa  | rt V | /111   | Statement of Revenue  |                     |                             |            |   |   |
|   |      |        | Check if Schedule O contains a response   | or note to any line | e in this Part VIII         | (B)        |   |   |
|   |      |        |   |                     | <b>(A)</b><br>Total revenue |            | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| Ś   | 1    | 2      | Eederated campaigns 1a  |                     |                             |            |   |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      |        |   |                     |                             |            |   |   |
| Do Co   |      |        |   | 284 280.            |                             |            |   |   |
| fts,<br>r Ai  |      |        | •   |                     |                             |            |   |   |
| , Gi<br>nila  |      |        | <b>J</b>  | 332 235.            |                             |            |   |   |
| Sin   |      |        |   |                     |                             |            |   |   |
| her   |      | •      |   | 462,158.            |                             |            |   |   |
| otl   |      | a      |   |                     |                             |            |   |   |
| Con   |      | -      |   | ,                   | 1,078,673.                  |            |   |   |
| 0.0   |      |        |   |                     | , ,                         |            |   |   |
| đ   | 2    | а      | RIGHTS REVENUE  | 513130              | 224,205.                    | 224,205.   |   |   |
| Program Service<br>Revenue                                | -    | b      |   |                     | ,                           | ,          |   |   |
| Ser   |      | c      |   |                     |                             |            |   |   |
| am<br>evel  |      | d      |   |                     |                             |            |   |   |
| Be  |      | е      |   |                     |                             |            |   |   |
| Pro   |      | f      | All other program service revenue   |                     |                             |            |   |   |
|   |      |        |   |                     | 224,205.                    |            |   |   |
|   | 3    |        |   |                     |                             |            |   |   |
|   |      |        | other similar amounts)  |                     | 40,581.                     |            |   | 40,581.   |
|   | 4    |        |   |                     |                             |            |   |   |
|   | 5    |        | Royalties   |                     |                             |            |   |   |
|   |      |        | (i) Real  | (ii) Personal       |                             |            |   |   |
|   | 6    | а      | Gross rents 6a  |                     |                             |            |   |   |
|   |      | b      | Less: rental expenses 6b  |                     |                             |            |   |   |
|   |      | с      | Rental income or (loss) 6c  |                     |                             |            |   |   |
|   |      | d      | Net rental income or (loss)   |                     |                             |            |   |   |
|   | 7    | а      | Gross amount from sales of (i) Securities   | (ii) Other          |                             |            |   |   |
|   |      |        | assets other than inventory <b>7a</b> 721,027.  |                     |                             |            |   |   |
|   |      | b      | Less: cost or other basis   |                     |                             |            |   |   |
| anı   |      |        |   |                     |                             |            |   |   |
| evenue  |      |        |   |                     |                             |            |   |   |
| Ê   |      |        | Net gain or (loss)  |                     | -1,272.                     |            |   | -1,272.   |
| Other   | 8    | а      | Gross income from fundraising events (not including \$ of   |                     |                             |            |   |   |
|   |      |        |   | 60 555              |                             |            |   |   |
|   |      |        |   |                     |                             |            |   |   |
|   |      |        |   | , ,                 | 96 346                      |            |   | -86,346.  |
|   |      |        |   |                     | -00,340.                    |            |   | -00,340.  |
|   | Э    | a      |   |                     |                             |            |   |   |
|   |      | F      |   |                     |                             |            |   |   |
|   |      |        |   | <u>'</u>            |                             |            |   |   |
|   |      |        |   |                     |                             |            |   |   |
|   | 10   | a      | -   | 3 698 123           |                             |            |   |   |
|   |      | h      |   |                     |                             |            |   |   |
|   |      |        | · · · · · · · · · · · · · · · · · · ·   | · · · · ·           | 2 686 315.                  | 2 686 315. |   |   |
|   |      | Ū      | net noone of hose non sales of inventory  |                     | _,,                         |            |   |   |
| sn  | 11   | а      |   |                     |                             |            |   |   |
| Miscellaneous<br>Revenue                                  |      | a<br>b |   |                     |                             |            |   |   |
| scellaneo<br>Revenue                                      |      | c      |   |                     |                             |            |   |   |
| isc.<br>Be  |      |        |   |                     |                             |            |   |   |
| Σ   |      |        |   |                     |                             |            |   |   |
|   | 12   |        | Total revenue     Plated or exempt<br>function revenue     Unrelated<br>business revenue<br>for the second<br>second second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>second<br>se | -47,037.            |                             |            |   |   |
| 43200   |      |        |   | 1                   |                             |            | •   | Form <b>990</b> (2024)  |

#### Form 990 (2024) GRAYWOLF PRESS Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Check if Schedule O contains a respons   | e or note to any line in t   | his Part IX                               | , , ,  |                                       |
|--|------------------------------|---|--|---------------------------------------|
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                              |   |  |                                       |
| 2 Grants and other assistance to domestic<br>individuals. See Part IV, line 22   | 2,000.                       | 2,000.                                    |  |                                       |
| <b>3</b> Grants and other assistance to foreign  |                              |   |  |                                       |
| organizations, foreign governments, and foreign  |                              |   |  |                                       |
| individuals. See Part IV, lines 15 and 16  |                              |   |  |                                       |
| 4 Benefits paid to or for members  |                              |   |  |                                       |
| 5 Compensation of current officers, directors,   | 100 055                      | 0,6, 0,00                                 | 00 070   |                                       |
| trustees, and key employees  | 193,857.                     | 96,929.                                   | 29,078.  | 67,850                                |
| 6 Compensation not included above to disqualified  |                              |   |  |                                       |
| persons (as defined under section 4958(f)(1)) and  |                              |   |  |                                       |
| persons described in section 4958(c)(3)(B)   | 1 000 007                    | 011 242                                   | 200 207  | 110 000                               |
| 7 Other salaries and wages   | 1,223,907.                   | 911,342.                                  | 200,297.   | 112,268                               |
| 8 Pension plan accruals and contributions (include   | 61 057                       | 12 666                                    | 0 0 0 1  | 7 510                                 |
| section 401(k) and 403(b) employer contributions)  | 61,057.<br>184,933.          | <u>43,656</u> .<br>136,356.               | <u>9,891.</u><br>31,787.                         | 7,510<br>16,790                       |
| 9 Other employee benefits  |                              |   |  | 10,790                                |
| 0 Payroll taxes  | 106,036.                     | 75,816.                                   | 17,178.  | 13,042                                |
| 1 Fees for services (nonemployees):  |                              |   |  |                                       |
| a Management   | 5,400.                       |   | E 400  |                                       |
| b Legal  | 72,447.                      |   | <u>5,400.</u><br>72,447.                         |                                       |
| c Accounting   | /2,44/•                      |   | /2,44/•  |                                       |
| d Lobbying   |                              |   |  |                                       |
| e Professional fundraising services. See Part IV, line 17  |                              |   |  |                                       |
| f Investment management fees   |                              |   |  |                                       |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25,  | 125,244.                     | 59,142.                                   | 11 005   | 24 207                                |
| column (A), amount, list line 11g expenses on Sch 0.)  | 81,883.                      | 81,601.                                   | 41,805.  | <u>24,297</u><br>282                  |
| 2 Advertising and promotion  | 129,385.                     | 73,231.                                   | 21,954.  | 34,200                                |
| 3 Office expenses  | 90,468.                      | 68,860.                                   | 5,782.   | 15,826                                |
| 4 Information technology   | 834,842.                     | 834,842.                                  | J, 102.  | 13,020                                |
| 5 Royalties  | 105,523.                     | 76,269.                                   | 16,635.  | 12,619                                |
|  | 80,974.                      | 58,463.                                   | 35.  | 22,476                                |
| 7 Travel   | 00,974.                      | 50,405.                                   |  | 22,470                                |
| 8 Payments of travel or entertainment expenses   |                              |   |  |                                       |
| for any federal, state, or local public officials  | 73,993.                      | 65,011.                                   | 3,054.   | 5,928                                 |
| 9 Conferences, conventions, and meetings   | 15,555.                      | 05,011.                                   | 5,054.   | J, 920                                |
| 0 Interest   |                              |   |  |                                       |
| Payments to affiliates     Depreciation, depletion, and amortization   | 44,604.                      | 29,054.                                   | 10,050.  | 5,500                                 |
| <b>.</b> . Г   | 40,266.                      | <u> </u>                                  | 40,266.  | 5,500                                 |
| 4 Other expenses. Itemize expenses not covered   | 10,2000                      |   | 40,2001  |                                       |
| above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.) |                              |   |  |                                       |
| a DISTRIBUTION FEES  | 905,701.                     | 905,701.                                  |  |                                       |
| b AUTHOR TOURS   | 49,472.                      | 49,472.                                   |  |                                       |
| c PROMOTION EXPENSES   | 40,240.                      | 24,864.                                   | 2,542.   | 12,834                                |
| d GALLEYS  | 36,525.                      | 32,167.                                   |  | 4,358                                 |
| e All other expenses   | 17,123.                      | 11,471.                                   |  | 5,652                                 |
| 5 Total functional expenses. Add lines 1 through 24e   | 4,505,880.                   | 3,636,247.                                | 508,201.   | 361,432                               |
| 6 Joint costs. Complete this line only if the organization   | _,,                          |   |  | JUL/4J4                               |
| reported in column (B) joint costs from a combined   |                              |   |  |                                       |
| educational campaign and fundraising solicitation.   |                              |   |  |                                       |
| Check here if following SOP 98-2 (ASC 958-720)   |                              |   |  |                                       |
| 2010 12-10-24  |                              |   |  | Form <b>990</b> (202                  |

| ar     | t X      | Balance Sheet   |                                       |                                 |         | 1257237 Page              |
|--------|----------|---|---------------------------------------|---------------------------------|---------|---------------------------|
|        |          | Check if Schedule O contains a response or note to a          | any line in this Part X               |                                 |         |                           |
|        |          |   |                                       | <b>(A)</b><br>Beginning of year |         | <b>(B)</b><br>End of year |
|        | 1        | Cash - non-interest-bearing                                   | 382,709.                              | 1                               | 281,431 |                           |
|        | 2        | Savings and temporary cash investments                        |                                       | 322,911.                        | 2       | 167,309                   |
|        | 3        | Pledges and grants receivable, net                            |                                       | 267,781.                        | 3       | 266,34                    |
|        | 4        | Accounts receivable, net                                      | 469,861.                              | 4                               | 857,38  |                           |
|        | 5        | Loans and other receivables from any current or form          |                                       |                                 |         |                           |
|        |          | trustee, key employee, creator or founder, substantia         | l contributor, or 35%                 |                                 |         |                           |
|        |          | controlled entity or family member of any of these pe         | rsons                                 |                                 | 5       |                           |
|        | 6        | Loans and other receivables from other disqualified p         | persons (as defined                   |                                 |         |                           |
|        |          | under section 4958(f)(1)), and persons described in se        |                                       | 6                               |         |                           |
| 2      | 7        | Notes and loans receivable, net                               |                                       |                                 | 7       |                           |
| 010000 | 8        | Inventories for sale or use                                   |                                       | 642,164.                        | 8       | 698,84                    |
| ξ      | 9        | Prepaid expenses and deferred charges                         |                                       | 50,121.                         | 9       | 50,92                     |
|        | 10a      | Land, buildings, and equipment: cost or other                 |                                       |                                 |         |                           |
|        |          | basis. Complete Part VI of Schedule D 10                      | a 746,394.<br>b 461,454.              |                                 |         |                           |
|        | b        | Less: accumulated depreciation 10                             | b 461,454.                            | 319,817.                        |         | 284,94                    |
|        | 11       | Investments - publicly traded securities                      |                                       | 2,161,379.                      | 11      | 1,619,02                  |
|        | 12       | Investments - other securities. See Part IV, line 11 $\ldots$ |                                       |                                 | 12      |                           |
|        | 13       | Investments - program-related. See Part IV, line 11           |                                       |                                 | 13      |                           |
|        | 14       | Intangible assets   |                                       |                                 | 14      |                           |
|        | 15       | Other assets. See Part IV, line 11                            | 771,100.                              | 15                              | 861,85  |                           |
|        | 16       | Total assets. Add lines 1 through 15 (must equal line         |                                       | 5,387,843.                      | 16      | 5,088,04                  |
|        | 17       | Accounts payable and accrued expenses                         |                                       | 38,163.                         | 17      | 155,06                    |
|        | 18       | Grants payable  | 1 6 9 6 6 9                           | 18                              | 4.0.4   |                           |
|        | 19       | Deferred revenue  | 160,663.                              | 19                              | 191,97  |                           |
|        | 20       | Tax-exempt bond liabilities                                   |                                       | 20                              |         |                           |
|        | 21       | Escrow or custodial account liability. Complete Part I        | · · · · · · · · · · · · · · · · · · · |                                 | 21      |                           |
| 3      | 22       | Loans and other payables to any current or former of          |                                       |                                 |         |                           |
|        |          | trustee, key employee, creator or founder, substantia         |                                       |                                 |         |                           |
|        |          | controlled entity or family member of any of these pe         |                                       | 22                              |         |                           |
| 1      |          | Secured mortgages and notes payable to unrelated t            | · · · · · · · · · · · · · · · · · · · |                                 | 23      |                           |
|        |          | Unsecured notes and loans payable to unrelated third          |                                       |                                 | 24      |                           |
|        | 25       | Other liabilities (including federal income tax, payable      |                                       |                                 |         |                           |
|        |          | parties, and other liabilities not included on lines 17-2     | 24). Complete Part X                  | 701 701                         |         |                           |
|        |          | of Schedule D   | ·····                                 | 791,721.                        | 25      | 785,85                    |
| +      | 26       |   | ere X                                 | 990,547.                        | 26      | 1,132,89                  |
| 。      |          | Organizations that follow FASB ASC 958, check he              | ere 🔼                                 |                                 |         |                           |
| 2      |          | and complete lines 27, 28, 32, and 33.                        |                                       | 2 955 270                       |         | 2 5/1 56                  |
|        | 27       |   |                                       | <u>3,855,270.</u><br>542,026.   | 27      | <u>3,541,56</u><br>413,58 |
| ,      | 28       | Net assets with donor restrictions                            |                                       | 542,020.                        | 28      | 413,30                    |
| 5      |          | Organizations that do not follow FASB ASC 958, c              |                                       |                                 |         |                           |
|        | 00       | and complete lines 29 through 33.                             |                                       |                                 | 00      |                           |
| 3      | 29<br>20 | Capital stock or trust principal, or current funds            |                                       |                                 | 29      |                           |
|        | 30<br>21 | Paid-in or capital surplus, or land, building, or equipm      |                                       |                                 | 30      |                           |
| 4 1    | 31       | Retained earnings, endowment, accumulated income              | e, or other tunas                     |                                 | 31      |                           |
| 3      | 32       | Total net assets or fund balances                             |                                       | 4,397,296.                      | 32      | 3,955,15                  |

3,955,153. 5,088,049. Form **990** (2024)

33

5,387,843.

33

Total liabilities and net assets/fund balances

| Form | 990 (2024) GRAYWOLF PRESS  | 91-12    | 57237   | Pag | <sub>ge</sub> 12 |
|------|--|----------|---------|-----|------------------|
| Pa   | rt XI Reconciliation of Net Assets   |          |         |     |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |          | <u></u> |     |                  |
|      |  |          |         |     |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1        | 3,942   |     |                  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        | 4,50    |     |                  |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        | -563    |     |                  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4        | 4,39'   | 7,2 | 96.              |
| 5    | Net unrealized gains (losses) on investments   | 5        | 123     | 1,5 | 81.              |
| 6    | Donated services and use of facilities   | 6        |         |     |                  |
| 7    | Investment expenses  | 7        |         |     |                  |
| 8    | Prior period adjustments   | 8        |         |     |                  |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)   | 9        |         |     | 0.               |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                                     |          |         |     |                  |
|      | column (B))  | 10       | 3,95    | 5,1 | 53.              |
| Pa   | rt XII Financial Statements and Reporting  |          |         |     |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |          |         |     | X                |
|      |  |          |         | Yes | No               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |          |         |     |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule                         | 0.       |         |     |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |          | 2a      |     | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed                        | on a     |         |     |                  |
|      | separate basis, consolidated basis, or both:   |          |         |     |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |          |         |     |                  |
| b    | Were the organization's financial statements audited by an independent accountant?   |          | 2b      | Х   |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate                       |          |         |     |                  |
|      | consolidated basis, or both:   | ,        |         |     |                  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |          |         |     |                  |
| с    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the                     | audit,   |         |     |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?   |          | 2c      | х   |                  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch                      |          |         |     |                  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the                        | · •      |         |     |                  |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |          | 3a      |     | x                |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? | ed audit |         |     |                  |
| -    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |          | Зb      |     | 1                |
|      |  |          |         | 000 | ·                |

Form **990** (2024)

Docusign Envelope ID: 6539F09D-73DE-41DA-B736-D42A09656B2E

| SCHEDULE A                               |   | ublia Cha  | rity Status an                                 | d Duk            | lia Si                | innort           |              | OMB No. 1545-0047          |
|--|---|--|--|------------------|-----------------------|------------------|--------------|----------------------------|
| (Form 990)                               | Public Charity Status and Public Support  |  |  |                  |                       |                  | 2024         |                            |
|  | Con   | Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. |  |                  |                       |                  |              | 2024                       |
| Department of the Treasury               |   | Attach to Form 990 or Form 990-EZ.   |  |                  |                       | Open to Public   |              |                            |
| Internal Revenue Service                 |   | o to www.irs.gov/  | /Form990 for instructior                       | is and the       | latest inf            | ormation.        |              | Inspection                 |
| Name of the organizati                   |   |  |  |                  |                       |                  |              | identification number      |
| Part I Reason                            |   | OLF PRESS  | (All organizations must c                      | omploto th       | ic nort ) C           | an instruction   |              | 1-1257237                  |
|  |   |  | For lines 1 through 12, cl                     |                  |                       | ee instruction   | S.           |                            |
| <u> </u>                                 |   |  | on of churches described                       | ,                | ,                     | IV A Vi)         |              |                            |
|  |   |  | (Attach Schedule E (Form                       |                  | 11 170(b)(            | ·)(A)(i)•        |              |                            |
|  |   |  | anization described in se                      |                  | (b)(1)( <b>Δ</b> )(ii | i)               |              |                            |
|  | •   |  | njunction with a hospital                      |                  |                       | •                | (iii). Enter | the hospital's name.       |
| city, and stat                           | -   |  |  |                  |                       |                  |              | , ,                        |
|  | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |  |  |                  |                       |                  |              |                            |
| section 170                              | section 170(b)(1)(A)(iv). (Complete Part II.)   |  |  |                  |                       |                  |              |                            |
|  | te, or local gove   | rnment or governr  | mental unit described in                       | section 17       | 70(b)(1)(A)           | (v).             |              |                            |
| 7 🚺 An organizati                        | on that normally  | receives a substa  | intial part of its support fr                  | om a gove        | ernmental             | unit or from th  | ie general p | oublic described in        |
| section 170(                             | <b>b)(1)(A)(vi).</b> (Cor   | mplete Part II.)   |  |                  |                       |                  |              |                            |
|  |   |  | (1)(A)(vi). (Complete Parl                     | -                |                       |                  |              |                            |
| -  | -   |  | in section 170(b)(1)(A)(i                      |                  |                       |                  | -            | -                          |
| · · · · · · · · ·                        | or a non-land-gra   | ant college of agric   | culture (see instructions).                    | Enter the i      | name, city            | , and state of   | the college  | or                         |
| university:                              | on that normally  | ( radai) (1) mara  | than 33 1/3% of its supp                       | ort from o       | ontribution           | n momborob       | in food and  | d aroos respirate from     |
|  |   |  | ct to certain exceptions; a                    |                  |                       |                  |              |                            |
|  |   |  | (less section 511 tax) fro                     |                  |                       |                  |              |                            |
|  | 509(a)(2). (Com   |  | (  |                  | eee acqui             |                  |              |                            |
|  |   |  | ively to test for public saf                   | ety. See         | section 50            | )9(a)(4).        |              |                            |
| 12 An organizati                         | on organized an   | d operated exclus  | ively for the benefit of, to                   | perform tl       | ne functio            | ns of, or to ca  | rry out the  | purposes of one or         |
| more publicly                            | v supported orga  | anizations describe  | ed in section 509(a)(1) o                      | r section &      | 509(a)(2).            | See section &    | 509(a)(3). ( | Check the box on           |
| lines 12a thro                           | ough 12d that de  | escribes the type o  | of supporting organization                     | and com          | plete lines           | 12e, 12f, and    | 12g.         |                            |
| a 🔄 Type I. A s                          | upporting organ   | ization operated, s  | supervised, or controlled                      | by its supp      | ported org            | anization(s), ty | pically by   | giving                     |
| the suppor                               | ted organization  | (s) the power to re  | gularly appoint or elect a                     | majority o       | f the direc           | tors or truste   | es of the su | ipporting                  |
|  |   | mplete Part IV, S  |  |                  |                       |                  |              |                            |
|  |   | •  | d or controlled in connect                     |                  |                       | 0                |              | •                          |
|  | •   |  | anization vested in the sa                     | ame perso        | ns that co            | ntrol or manag   | ge the supp  | Dorted                     |
| ~  | . ,   | •  | Sections A and C.                              | in connoct       | ion with              | and functional   | lu intograto | d with                     |
|  |   |  | s). You must complete F                        |                  |                       |                  | iy integrate | a with,                    |
|  | 0   | , (  | porting organization oper                      | ,                | ,                     | •                | ted organiz  | ration(s)                  |
|  | -   | • •  | zation generally must sati                     |                  |                       |                  | -            | .,                         |
|  | , ,   |  | mplete Part IV, Sections                       | •                |                       | •                |              |                            |
| e 🗌 Check this                           | box if the organ  | ization received a   | written determination from                     | m the IRS        | that it is a          | Туре I, Туре     | II, Type III |                            |
| functionally                             | / integrated, or T  | ype III non-functio  | nally integrated supportir                     | ng organiz       | ation.                |                  |              |                            |
| f Enter the number                       |   |  |  |                  |                       |                  |              |                            |
| g Provide the follow<br>(i) Name of supp | <u> </u>  | about the supporte<br>(ii) EIN   | ed organization(s). (iii) Type of organization | (iv) Is the orga | inization listed      | (v) Amount of    | monetany     | (vi) Amount of other       |
| organization                             |   |  | (described on lines 1-10                       | in your governi  | ng document?          | support (see ir  |              | support (see instructions) |
|  |   |  | above (see instructions))                      | Yes              | No                    |                  |              |                            |
|  |   |  |  |                  |                       |                  |              |                            |
|  |   |  |  |                  |                       |                  |              |                            |
|  |   |  |  |                  |                       |                  |              |                            |
|  |   |  |  |                  |                       |                  |              |                            |
|  |   |  |  |                  |                       |                  |              |                            |
|  |   |  |  |                  |                       |                  |              |                            |
|  |   |  |  |                  |                       |                  |              |                            |
|  |   |  |  |                  |                       |                  |              |                            |
|  |   |  |  |                  |                       |                  |              |                            |
| Total                                    |   |  |  |                  |                       |                  |              |                            |

|     | edule A (Form 990) 2024 GR   | AYWOLF PRI<br>Organizations |                       | Sections 170(I         | b)(1)(A)(iv) and   | 91-125<br>170(b)(1)(A)(vi | 7237 Page 2 |
|-----|--|-----------------------------|-----------------------|------------------------|--------------------|---------------------------|-------------|
|     | (Complete only if you checked  | -                           |                       | -                      |                    |                           | -           |
|     | fails to qualify under the tests   | listed below, plea          | se complete Part I    | II.)                   |                    |                           |             |
|     | ction A. Public Support  | 1                           |                       |                        | 1                  |                           |             |
|     | ndar year (or fiscal year beginning in)  | (a) 2020                    | <b>(b)</b> 2021       | (c) 2022               | (d) 2023           | (e) 2024                  | (f) Total   |
| 1   | Gifts, grants, contributions, and  |                             |                       |                        |                    |                           |             |
|     | membership fees received. (Do not  | 1210101                     | 1 2 1 6 7 1 0         |                        | 1100100            | 1070672                   |             |
| _   | include any "unusual grants.")   | 1319101.                    | 1316718.              | 895,625.               | 1198128.           | 1078673.                  | 5808245.    |
| 2   | Tax revenues levied for the organ-   |                             |                       |                        |                    |                           |             |
|     | ization's benefit and either paid to<br>or expended on its behalf  |                             |                       |                        |                    |                           |             |
| 2   | The value of services or facilities  |                             |                       |                        |                    |                           |             |
| 3   | furnished by a governmental unit to  |                             |                       |                        |                    |                           |             |
|     | the organization without charge  |                             |                       |                        |                    |                           |             |
| 4   | Total. Add lines 1 through 3   | 1319101.                    | 1316718.              | 895,625.               | 1198128.           | 1078673.                  | 5808245.    |
| 5   |  |                             |                       |                        |                    |                           |             |
| -   | 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)   |                             |                       |                        |                    |                           | 922,660.    |
|     | Public support. Subtract line 5 from line 4.   |                             |                       |                        |                    |                           | 4885585.    |
|     | ction B. Total Support   |                             |                       |                        | 1                  |                           |             |
|     | ndar year (or fiscal year beginning in)  | (a) 2020                    | (b) 2021              | (c) 2022               | (d) 2023           | (e) 2024                  | (f) Total   |
|     | Amounts from line 4  | 1319101.                    | 1316718.              | 895,625.               | 1198128.           | 1078673.                  | 5808245.    |
| 8   | Gross income from interest,  |                             |                       |                        |                    |                           |             |
|     | dividends, payments received on  |                             |                       |                        |                    |                           |             |
|     | securities loans, rents, royalties,  | 21,589.                     | 62,447.               | 40,247.                | 74,610.            | 40,581.                   | 239,474.    |
| 9   | and income from similar sources<br>Net income from unrelated business  | 21,309.                     | 02,44/.               | 40,247.                | /4,010.            | 40,301.                   | 239,474.    |
| 9   | activities, whether or not the   |                             |                       |                        |                    |                           |             |
|     | business is regularly carried on   |                             |                       |                        |                    |                           |             |
| 10  | Other income. Do not include gain  |                             |                       |                        |                    |                           |             |
| 10  | or loss from the sale of capital   |                             |                       |                        |                    |                           |             |
|     | assets (Explain in Part VI.)   |                             |                       |                        |                    |                           |             |
| 11  | Total support. Add lines 7 through 10  |                             |                       |                        |                    |                           | 6047719.    |
| 12  | Gross receipts from related activities,  | etc. (see instructio        | ons)                  |                        |                    | 12 18                     | ,660,197.   |
| 13  | First 5 years. If the Form 990 is for the  | ne organization's fir       | rst, second, third, f | fourth, or fifth tax y | ear as a section / | 01(c)(3)                  |             |
|     | organization, check this box and stop  |                             |                       |                        |                    |                           |             |
|     | ction C. Computation of Publi  |                             |                       |                        |                    |                           |             |
| 14  | Public support percentage for 2024 (I  |                             |                       |                        |                    | 14                        | 80.78 %     |
| 15  | Public support percentage from 2023  |                             |                       |                        |                    | 15                        | 78.82 %     |
| 16a | <b>33 1/3% support test - 2024.</b> If the c   |                             |                       |                        |                    |                           |             |
| L   | stop here. The organization qualifies  |                             |                       |                        |                    |                           |             |
| Ľ   | <b>33 1/3% support test - 2023.</b> If the c   |                             |                       |                        |                    |                           |             |
| 17- | and stop here. The organization qual<br>10% -facts-and-circumstances test  |                             |                       |                        |                    |                           |             |
| 176 | and if the organization meets the fact   |                             |                       |                        |                    |                           |             |
|     | meets the facts-and-circumstances te   |                             |                       |                        |                    | withow the organiz        |             |
| ł   | 10% -facts-and-circumstances test  | -                           |                       | • • • •                | -                  |                           |             |
| •   | more, and if the organization meets th   | -                           |                       |                        |                    |                           | , • • •     |
|     |  |                             |                       |                        |                    |                           |             |
| 18  | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <b>8 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |                             |                       |                        |                    |                           |             |

Schedule A (Form 990) 2024

432022 01-14-25

Schedule A (Form 990) 2024

GRAYWOLF PRESS

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.)

| Se   | ction A. Public Support   |                    | ,                  |                     |                     |             |                        |
|------|---|--------------------|--------------------|---------------------|---------------------|-------------|------------------------|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2020           | <b>(b)</b> 2021    | (c) 2022            | (d) 2023            | (e) 202     | 4 (f) Total            |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not   |                    |                    |                     |                     |             |                        |
|      | include any "unusual grants.")  |                    |                    |                     |                     |             |                        |
| 2    | Gross receipts from admissions,   |                    |                    |                     |                     |             |                        |
|      | merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose                     |                    |                    |                     |                     |             |                        |
| 3    | Gross receipts from activities that<br>are not an unrelated trade or bus-<br>iness under section 513  |                    |                    |                     |                     |             |                        |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to  |                    |                    |                     |                     |             |                        |
|      | or expended on its behalf   |                    |                    |                     |                     |             |                        |
| 5    | The value of services or facilities   |                    |                    |                     |                     |             |                        |
| Ŭ    | furnished by a governmental unit to<br>the organization without charge  |                    |                    |                     |                     |             |                        |
| e    | Total. Add lines 1 through 5  |                    |                    |                     |                     |             |                        |
|      | Add lines 1 through 5   |                    |                    |                     |                     |             |                        |
|      | 3 received from disqualified persons  |                    |                    |                     |                     |             |                        |
| ł    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year |                    |                    |                     |                     |             |                        |
| Ċ    | Add lines 7a and 7b   |                    |                    |                     |                     |             |                        |
| 8    | Public support. (Subtract line 7c from line 6.)   |                    |                    |                     |                     |             |                        |
| Se   | ction B. Total Support  |                    |                    |                     |                     |             |                        |
|      | ndar year (or fiscal year beginning in)   | (a) 2020           | <b>(b)</b> 2021    | (c) 2022            | (d) 2023            | (e) 202     | 4 (f) Total            |
|      | Amounts from line 6<br>a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources       |                    |                    |                     |                     |             |                        |
| ł    | Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975   |                    |                    |                     |                     |             |                        |
| c    | Add lines 10a and 10b   |                    |                    |                     |                     |             |                        |
|      | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on                                    |                    |                    |                     |                     |             |                        |
| 12   | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)   |                    |                    |                     |                     |             |                        |
|      | Total support. (Add lines 9, 10c, 11, and 12.)  |                    |                    |                     |                     |             |                        |
| 14   | First 5 years. If the Form 990 is for the   | -                  |                    |                     | -                   |             |                        |
| 50   | check this box and stop here<br>ction C. Computation of Publi   | ic Support Pou     | rcontago           |                     |                     |             |                        |
|      | Public support percentage for 2024 (  |                    |                    | column (f))         |                     | 15          | %                      |
|      | Public support percentage from 2023   |                    |                    |                     |                     | 16          | %                      |
|      | ction D. Computation of Inves   |                    |                    |                     |                     |             | /0                     |
|      | Investment income percentage for 20   |                    | •                  | ine 13, column (f)) |                     | 17          | %                      |
| 18   | Investment income percentage from   | 2023 Schedule A,   | Part III, line 17  |                     |                     | 18          | %                      |
| 19a  | a 33 1/3% support tests - 2024. If the  | organization did r | not check the box  | on line 14, and lin | e 15 is more than 3 | 3 1/3%, and | line 17 is not         |
|      | more than 33 1/3%, check this box a   |                    |                    |                     |                     |             |                        |
| k    | <b>33 1/3% support tests - 2023.</b> If the   |                    |                    |                     |                     |             |                        |
|      | line 18 is not more than 33 1/3%, che   |                    |                    |                     |                     |             | ation                  |
|      | Private foundation. If the organization   | on did not check a | box on line 14, 19 | a, or 19b, check t  | his box and see ins |             |                        |
| 4320 | 23 01-14-25   |                    | 16                 |                     |                     | Sche        | dule A (Form 990) 2024 |

2024.03040 GRAYWOLF PRESS

#### GRAYWOLF PRESS

1

2

3a

3b

3c

4a

4b

4c

Yes No

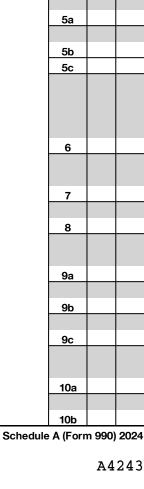
#### Schedule A (Form 990) 2024 Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? // "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).
- 8 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 disgualified 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.)

432024 01-14-25



| <ul> <li>Part IV Supporting Organizations (continued)</li> <li>1 Has the organization accepted a gift or contribution from any of the following persons?</li> <li>a 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?</li> <li>b A family member of a person described on line 11a above?</li> <li>c 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.</li> <li>ection B. Type I Supporting Organizations</li> </ul>   | 11a   | Yes | No    |
|--|-------|-----|-------|
| <ul> <li>a 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?</li> <li>b A family member of a person described on line 11a above?</li> <li>c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i></li> </ul>  | 11a   | Yes | I ING |
| <ul> <li>a 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?</li> <li>b A family member of a person described on line 11a above?</li> <li>c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i></li> </ul>  | 11a   |     |       |
| <ul> <li>11c below, the governing body of a supported organization?</li> <li>A family member of a person described on line 11a above?</li> <li>A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" <i>to line 11a, 11b, or 11c, provide detail in</i> <b>Part VI.</b></li> </ul>   | 11a   |     |       |
| <ul> <li>b A family member of a person described on line 11a above?</li> <li>c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in</i> <b>Part VI.</b></li> </ul>  | 11a   |     |       |
| c 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.  | 11b   |     |       |
| provide detail in Part VI.   | 115   |     |       |
| ection B. Type I Supporting Organizations  | 11c   |     |       |
|  |       | 1   |       |
|  |       | Yes | N     |
| Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or<br>more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,<br>directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)<br>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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1     |     |       |
| 2 Did the organization operate for the benefit of any supported organization other than the supported  |       |     |       |
| organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in  |       |     |       |
| Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |       |     |       |
| supervised, or controlled the supporting organization.   | 2     |     |       |
| ection C. Type II Supporting Organizations   |       |     |       |
|  |       | Yes | N     |
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |       |     |       |
| 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   |       |     |       |
| the supported organization(s).   | 1     |     |       |
| ection D. All Type III Supporting Organizations  |       |     |       |
|  |       | Yes | N     |
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |       |     |       |
| 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   |       |     |       |
| 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     |     |       |
| <b>3</b> 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     |     |       |
| ection 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 instruction of the second | ons). |     |       |
| a The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>   |       |     |       |
| <b>b</b> The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>  |       |     |       |
| c The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a governmental   |       |     |       |
| entity (see instructions).   |       | N N | ••    |
| 2 Activities Test. Answer lines 2a and 2b below.   |       | Yes | N     |
|  |       |     |       |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |       |     |       |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of<br>the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify<br>those supported organizations and explain how these activities directly furthered their exempt purposes,   |       |     |       |

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- 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.

18 2024.03040 GRAYWOLF PRESS Schedule A (Form 990) 2024 A4243961

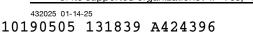
2a

2b

За

3b

- that these activities constituted substantially all of its activities.
- 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.



| Sche | edule A (Form 990) 2024 GRAYWOLF PRESS                                       |                 | <u>(</u>              | 91-1257237 Page                |
|------|--|-----------------|-----------------------|--------------------------------|
| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                 | ng Organi       | zations               |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify |                 |                       | Part VI). See instruction      |
|      | All other Type III non-functionally integrated supporting organizations mu   | ist complete S  | Sections A through E. |                                |
| ect  | ion A - Adjusted Net Income  |                 | (A) Prior Year        | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1               |                       |                                |
| 2    | Recoveries of prior-year distributions                                       | 2               |                       |                                |
| 3    | Other gross income (see instructions)  | 3               |                       |                                |
| 4    | Add lines 1 through 3.   | 4               |                       |                                |
| 5    | Depreciation and depletion   | 5               |                       |                                |
| 6    | Portion of operating expenses paid or incurred for production or             |                 |                       |                                |
|      | collection of gross income or for management, conservation, or               |                 |                       |                                |
|      | maintenance of property held for production of income (see instructions)     | 6               |                       |                                |
| 7    | Other expenses (see instructions)  | 7               |                       |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                 | 8               |                       |                                |
| ect  | ion B - Minimum Asset Amount   |                 | (A) Prior Year        | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                |                 |                       |                                |
|      | instructions for short tax year or assets held for part of year):            |                 |                       |                                |
| а    | Average monthly value of securities  | 1a              |                       |                                |
| b    | Average monthly cash balances  | 1b              |                       |                                |
| с    | Fair market value of other non-exempt-use assets                             | 1c              |                       |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d              |                       |                                |
| е    | Discount claimed for blockage or other factors                               |                 |                       |                                |
|      | (explain in detail in Part VI):  |                 |                       |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                 | 2               |                       |                                |
| 3    | Subtract line 2 from line 1d.  | 3               |                       |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,  |                 |                       |                                |
|      | see instructions).   | 4               |                       |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)             | 5               |                       |                                |
| 6    | Multiply line 5 by 0.035.  | 6               |                       |                                |
| 7    | Recoveries of prior-year distributions                                       | 7               |                       |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                  | 8               |                       |                                |
| Sect | ion C - Distributable Amount   |                 |                       | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)        | 1               |                       |                                |
| 2    | Enter 0.85 of line 1.  | 2               |                       |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)       | 3               |                       |                                |
| 4    | Enter greater of line 2 or line 3.   | 4               |                       |                                |
| 5    | Income tax imposed in prior year   | 5               |                       |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to         |                 |                       |                                |
|      | emergency temporary reduction (see instructions).                            | 6               |                       |                                |
| 7    | Check have if the current year is the execution's first as a new function    | ally intervetor |                       |                                |

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

Schedule A (Form 990) 2024

432026 01-14-25

| Sche     | thedule A (Form 990) 2024 GRAYWOLF PRESS 91-1257237 Page 7           |                              |  |   |  |  |  |
|----------|--|------------------------------|--|---|--|--|--|
| Par      | t V Type III Non-Functionally Integrated 509(                        | a)(3) Supporting Orga        | nizations (continued)                  |   |  |  |  |
| Secti    | on D - Distributions   |                              |  | Current Year                              |  |  |  |
| _1       | Amounts paid to supported organizations to accomplish exer           | 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            | s of supported organizations | s <b>3</b>                             |   |  |  |  |
| 4        | Amounts paid to acquire exempt-use assets                            |                              | 4                                      |   |  |  |  |
| 5        | Qualified set-aside amounts (prior IRS approval required - pro       | ovide details in Part VI)    | 5                                      |   |  |  |  |
| 6        | Other distributions (describe in <b>Part VI</b> ). See instructions. |                              | 6                                      |   |  |  |  |
| 7        | Total annual distributions. Add lines 1 through 6.                   | 7                            |  |   |  |  |  |
| 8        | Distributions to attentive supported organizations to which the      |                              |  |   |  |  |  |
|          | (provide details in Part VI). See instructions.                      |                              | 8                                      |   |  |  |  |
| 9        | Distributable amount for 2024 from Section C, line 6                 | 9                            |  |   |  |  |  |
| 10       | Line 8 amount divided by line 9 amount                               |                              | 10                                     |   |  |  |  |
| Secti    | on E - Distribution Allocations (see instructions)                   | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |  |  |  |
| 1        | Distributable amount for 2024 from Section C, line 6                 |                              |  |   |  |  |  |
| 2        | Underdistributions, if any, for years prior to 2024 (reason-         |                              |  |   |  |  |  |
|          | able cause required - explain in Part VI). See instructions.         |                              |  |   |  |  |  |
| 3        | Excess distributions carryover, if any, to 2024                      |                              |  |   |  |  |  |
| a        | From 2019  |                              |  |   |  |  |  |
| b        | From 2020  |                              |  |   |  |  |  |
| C        | From 2021  |                              |  |   |  |  |  |
| d        | From 2022  |                              |  |   |  |  |  |
| e        | From 2023  |                              |  |   |  |  |  |
| f        | Total of lines 3a through 3e   |                              |  |   |  |  |  |
| g        | Applied to under distributions of prior years                        |                              |  |   |  |  |  |
| h        | Applied to 2024 distributable amount                                 |                              |  |   |  |  |  |
| i        | Carryover from 2019 not applied (see instructions)                   |                              |  |   |  |  |  |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.               |                              |  |   |  |  |  |
| 4        | Distributions for 2024 from Section D,                               |                              |  |   |  |  |  |
|          | line 7: \$   |                              |  |   |  |  |  |
| <u>a</u> | Applied to underdistributions of prior years                         |                              |  |   |  |  |  |
| b        | Applied to 2024 distributable amount                                 |                              |  |   |  |  |  |
| C        | Remainder. Subtract lines 4a and 4b from line 4.                     |                              |  |   |  |  |  |
| 5        | Remaining underdistributions for years prior to 2024, if             |                              |  |   |  |  |  |
|          | any. Subtract lines 3g and 4a from line 2. For result greater        |                              |  |   |  |  |  |
|          | than zero, explain in Part VI. See instructions.                     |                              |  |   |  |  |  |
| 6        | Remaining underdistributions for 2024. Subtract lines 3h             |                              |  |   |  |  |  |
|          | and 4b from line 1. For result greater than zero, explain in         |                              |  |   |  |  |  |
|          | Part VI. See instructions.   |                              |  |   |  |  |  |
| 7        | Excess distributions carryover to 2025. Add lines 3j                 |                              |  |   |  |  |  |
| <u> </u> | and 4c.  |                              |  |   |  |  |  |
| 8        | Breakdown of line 7:   |                              |  |   |  |  |  |
|          | Excess from 2020   |                              |  |   |  |  |  |
|          | Excess from 2021   |                              |  |   |  |  |  |
|          | Excess from 2022   |                              |  |   |  |  |  |
|          | Excess from 2023   |                              |  |   |  |  |  |
| е        | Excess from 2024   |                              |  |   |  |  |  |

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

GRAYWOLF PRESS

|                 | 0-1                        |
|-----------------|----------------------------|
| 132028 01-14-25 | Schedule A (Form 990) 2024 |

Docusign Envelope ID: 6539F09D-73DE-41DA-B736-D42A09656B2E ש USCLOSURE COPY \*\*

### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Schedule B

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

(Form 990)

#### GRAYWOLF PRESS

| Organization type (check one): |      |  |  |  |  |
|--------------------------------|------|--|--|--|--|
| Filers of:                     | Sect | ion:   |  |  |  |
| Form 990 or 990-EZ             | X    | 501(c)( 3) (enter number) organization   |  |  |  |
|                                |      | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |  |  |
|                                |      | 527 political organization   |  |  |  |
| Form 990-PF                    |      | 501(c)(3) exempt private foundation  |  |  |  |
|                                |      | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |  |  |  |
|                                |      | 501(c)(3) taxable private foundation   |  |  |  |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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.

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 for an *exclusively* set in the set in the set in the set is organization because it received *nonexclusively* set is the set in the set is organization because it received *nonexclusively* set is the set in the set is organization because it received *nonexclusively* set is the se

**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** answer "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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

91-1257237

Schedule B (Form 990) (Rev. 12-2024)

#### Employer identification number

GRAYWOLF PRESS

91-1257237

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additionation | al space is needed.        |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u> </u>   | Name, address, and ZiF + 4  | \$285,073.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |   | \$59,600.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3          |   | \$50,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4          |   | \$26,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |

Schedule B (Form 990) (Rev. 12-2024)

10190505 131839 A424396

| Schedule B (Form 990) (Rev. 12-2024)   |                                |  |  |  |  |  |
|--|--------------------------------|--|--|--|--|--|
| Name of organization   | Employer identification number |  |  |  |  |  |
| GRAYWOLF PRESS   | 91-1257237                     |  |  |  |  |  |
| Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed | d.                             |  |  |  |  |  |

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$  |                      |
| (a)<br>No.<br>irom<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |

24 2024.03040 GRAYWOLF PRESS

|                           | 990) (Rev. 12-2024)   |  |                        | Page                               |
|---------------------------|---|--|------------------------|------------------------------------|
| lame of organiza          | lion  |  |                        | Employer identification number     |
| RAYWOLF                   |   |  |                        | 91-1257237                         |
| from a comple             | sively religious, charitable, etc., contribution<br>any one contributor. Complete columns (a) th<br>ting Part III, enter the total of exclusively religious, cha<br>duplicate copies of Part III if additional sp | nrough (e) and the following line en<br>aritable, etc., contributions of <b>\$1,000 or</b> | try. For organizations |                                    |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Des                | cription of how gift is held       |
|                           |   |  |                        |                                    |
|                           |   |  |                        |                                    |
|                           | Transferee's name, address, and   | (e) Transfer of gi   |                        | ansferor to transferee             |
|                           |   |  |                        |                                    |
| (a) No                    |   |  |                        |                                    |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Des                | cription of how gift is held       |
|                           |   |  |                        |                                    |
|                           |   | (e) Transfer of gi   | ft                     |                                    |
|                           | Transferee's name, address, and   | 1 ZIP + 4  | Relationship of tra    | ansferor to transferee             |
|                           |   |  |                        |                                    |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Des                | cription of how gift is held       |
|                           |   |  |                        |                                    |
|                           |   | (e) Transfer of gi   |                        |                                    |
|                           | Transferee's name, address, and   | 1 ZIP + 4  | Relationship of tra    | ansferor to transferee             |
|                           |   |  | 1                      |                                    |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Des                | cription of how gift is held       |
|                           |   |  |                        |                                    |
|                           |   | (e) Transfer of gi   | <br>ift                |                                    |
|                           | Transferee's name, address, and   | 1 <b>ZIP + 4</b>   | Relationship of tra    | ansferor to transferee             |
|                           |   |  |                        |                                    |
| 23454 01-09-25            |   |  |                        | Schedule B (Form 990) (Rev. 12-20) |

25 2024.03040 GRAYWOLF PRESS

|  | SCHEDULE C Political Campaign and Lobbying Activities  |   |   |   |              |   |  |
|--|--|---|---|---|--------------|---|--|
| (Form 990)   | For Orga   | nizations Exempt From Inco  | me Tax Under Sectior  | n 501(c) and Section §  | 527          | 2024  |  |
| Department of the Treasury<br>Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.  |  |   |   |   |              |   |  |
|  |  | Form 990, Part IV, line 3, or F   |   |   | aign Ad      | ctivities), then:   |  |
| <ul> <li>Section 501(c)(3) org</li> </ul>  | ganizations: Com   | plete Parts I-A and I-B. Do not   | complete Part I-C.  |   | •            |   |  |
| <ul> <li>Section 501(c) (other</li> </ul>  | r than section 50  | 1(c)(3)) organizations: Complet   | e Parts I-A and I-C belo  | w. Do not complete Pa   | art I-B.     |   |  |
| <ul> <li>Section 527 organization</li> </ul>   | •  | •   |   |   |              |   |  |
| -  |  | Form 990, Part IV, line 4, or F   |   |   |              |   |  |
|  | •  | ave filed Form 5768 (election u   |   | •   |              | •   |  |
|  | •  | ave NOT filed Form 5768 (elec<br>Form 990, Part IV, line 5 (Pro   |   |   |              | •   |  |
| ax) (see separate inst   |  | ronni 990, Part IV, nne 5 (Pro.   | ky Tak) (see separate   | instructions), or Form  | 1990-E       | $\mathbf{Z}$ , Part $\mathbf{v}$ , line 350 (Proxy  |  |
| ,, ,   |  | ons: Complete Part III.   |   |   |              |   |  |
| lame of organization   |  | · · · · · ·   |   |   | Employ       | ver identification number (EIN  |  |
|  | GRAYWOLI   |   |   |   |              | 91-1257237  |  |
| Part I-A Compl   | ete if the org   | anization is exempt und   | der section 501(c)  | or is a section 5   | 27 org       | anization.  |  |
| <ul> <li>2 Enter the amount of</li> <li>3 If the organization i</li> <li>4a Was a correction m</li> <li>b If "Yes," describe in</li> <li>Part I-C Completion</li> <li>1 Enter the amount of</li> <li>2 Enter the amount of exempt function action</li> </ul> | f any excise tax i<br>ncurred a section<br>nade?<br>Part IV.<br>ete if the organitive<br>firectly expended<br>f the filing organi-<br>tivities | ncurred by the organization un<br>ncurred by organization manage<br>1 4955 tax, did it file Form 4720<br>anization is exempt und<br>by the filing organization for se<br>zation's funds contributed to o<br>Add lines 1 and 2. Enter here | gers under section 495<br>D for this year?<br>der section 501(c)<br>ection 527 exempt func-<br>ther organizations for s | I, except section structures section 527                            | \$<br>501(c) | Yes N<br>Yes N  |  |
| line 17b   |  |   |   |   | \$           |   |  |
|  |  | 1120-POL for this year?   |   |   |              |   |  |
| organization listed, promptly and direc  | enter the amoun<br>tly delivered to a  | Ns of all section 527 political o<br>t paid from the filing organizati<br>separate political organization,<br>e information in Part IV.   | on's funds. Also enter  | the amount of political   | contrib      | utions received that were   |  |
| <b>(a)</b> Name  | 9  | (b) Address   | (c) EIN   | <b>(d)</b> Amount paid<br>filing organization<br>funds. If none, en | on's         | (e) Amount of political<br>contributions received and<br>promptly and directly<br>delivered to a separate<br>political organization.<br>If none, enter -0 |  |
|  |  |   |   |   |              |   |  |

Schedule C (Form 990) 2024

LHA 432041 11-17-24

|   | AYWOLF PR                          |                            |                         |   | 257237 Page 2                      |
|---|------------------------------------|----------------------------|-------------------------|---|------------------------------------|
| Part II-A Complete if the organi section 501(h)). | zation is exer                     | npt under sectior          | n 501(c)(3) and file    | d Form 5768 (ele                              | ection under                       |
| A Check if the filing organization                | belongs to an aff                  | iliated group (and list in | Part IV each affiliated | group member's name                           | e, address, EIN,                   |
| expenses, and share of                            | excess lobbying                    | expenditures).             |                         |   |                                    |
| B Check if the filing organization                | checked box A a                    | nd "limited control" pro   | visions apply.          |   |                                    |
| Limits o<br>(The term "expenditu                  | n Lobbying Expe<br>·es" means amou |                            |                         | <b>(a)</b> Filing<br>organization's<br>totals | <b>(b)</b> Affiliated group totals |
| 1a Total lobbying expenditures to influence       | e public opinion (                 | grassroots lobbying)       |                         |   |                                    |
| <b>b</b> Total lobbying expenditures to influence | e a legislative bo                 | dy (direct lobbying)       |                         |   |                                    |
| c Total lobbying expenditures (add lines          | 1a and 1b)                         |                            |                         |   |                                    |
| d Other exempt purpose expenditures               |                                    |                            |                         |   |                                    |
| e Total exempt purpose expenditures (ad           | dd lines 1c and 1c                 | d)                         |                         |   |                                    |
| f_Lobbying nontaxable amount. Enter th            |                                    |                            |                         |   |                                    |
| IF the amount on line 1e, column (a) or (b        | ), is: THEN 1                      | the lobbying nontaxab      | le amount is:           |   |                                    |
| not over \$500,000                                |                                    | the amount on line 1e.     |                         |   |                                    |
| over \$500,000 but not over \$1,000,000           |                                    | 00 plus 15% of the exc     | ess over \$500.000.     |   |                                    |
| over \$1,000,000 but not over \$1,500,0           |                                    | 00 plus 10% of the exc     |                         |   |                                    |
| over \$1,500,000 but not over \$17,000,           |                                    | 00 plus 5% of the exce     |                         |   |                                    |
| over \$17,000,000                                 | \$1,000                            |                            |                         |   |                                    |
| g Grassroots nontaxable amount (enter 2           |                                    |                            |                         |   |                                    |
| h Subtract line 1g from line 1a. If zero or       |                                    |                            |                         |   |                                    |
| i Subtract line 1f from line 1c. If zero or       |                                    |                            |                         |   |                                    |
| i If there is an amount other than zero o         |                                    | line 1i did the organiza   |                         |   |                                    |
| reporting section 4911 tax for this year          | _                                  |                            |                         | ٦   | Yes No                             |
|   |                                    | eraging Period Under       |                         | <u> </u>                                      |                                    |
| (Some organizations that                          | made a section 5                   |                            | have to complete all o  | f the five columns be                         | elow.                              |
|   | Lobbying Expe                      | nditures During 4-Yea      | ar Averaging Period     |   | _                                  |
| Calendar year<br>(or fiscal year beginning in)    | <b>(a)</b> 2021                    | <b>(b)</b> 2022            | <b>(c)</b> 2023         | ( <b>d)</b> 2024                              | <b>(e)</b> Total                   |
| 2a Lobbying nontaxable amount                     |                                    |                            |                         |   |                                    |
| <b>b</b> Lobbying ceiling amount                  |                                    |                            |                         |   |                                    |
| (150% of line 2a, column(e))                      |                                    |                            |                         |   |                                    |
| <b>c</b> Total lobbying expenditures              |                                    |                            |                         |   |                                    |
| d Grassroots nontaxable amount                    |                                    |                            |                         |   |                                    |
| e Grassroots ceiling amount                       |                                    |                            |                         |   |                                    |
| (150% of line 2d, column (e))                     |                                    |                            |                         |   |                                    |
| f Grassroots lobbying expenditures                |                                    |                            |                         |   |                                    |

Schedule C (Form 990) 2024

432042 11-17-24

# Schedule C (Form 990) 2024 GRAYWOLF PRESS 91-12572 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description   | (a)                 |             | (b)               |
|---|---------------------|-------------|-------------------|
| of the lobbying activity.   | Yes                 | No          | Amount            |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter |                     |             |                   |
| or referendum, through the use of:  |                     |             |                   |
| a Volunteers?   |                     | Х           |                   |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |                     | Х           |                   |
| c Media advertisements?   |                     | Х           |                   |
| d Mailings to members, legislators, or the public?  |                     | Х           |                   |
| e Publications, or published or broadcast statements?   |                     | Х           |                   |
| f Grants to other organizations for lobbying purposes?  | X                   |             | 2,000.            |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?   |                     | Х           |                   |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |                     | Х           |                   |
| i Other activities?   |                     | Х           |                   |
| j Total. Add lines 1c through 1i  |                     |             | 2,000.            |
| 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?  |                     | X           |                   |
| b If "Yes," enter the amount of any tax incurred under section 4912   |                     |             |                   |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |                     |             |                   |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |                     |             |                   |
|   | tion 501(c)(5       | ), or sec   | tion              |
| 501(c)(6).  |                     |             |                   |
|   |                     |             | Yes No            |
| 1 Were substantially all (90% or more) dues received nondeductible by members?  |                     | 1           |                   |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |                     | 2           |                   |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from   |                     |             |                   |
| Part III-B Complete if the organization is exempt under section 501(c)(4), sec  |                     |             |                   |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."   | d "No;" OR          | (b) Part    | III-A, line 3, is |
| 1 Dues, assessments, and similar amounts from members   |                     | 1           |                   |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po  | litical             |             |                   |
| expenses for which the section 527(f) tax was paid):  |                     |             |                   |
| a Current year  |                     | 2a          |                   |
| b Carryover from last year  |                     | 2b          |                   |
| c Total   |                     |             |                   |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   |                     |             |                   |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e  | excess              |             |                   |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and   | d political         |             |                   |
| expenditures next year?   |                     | . 4         |                   |
| 5 Taxable amount of lobbying and political expenditures. See instructions   |                     | 5           |                   |
| Part IV Supplemental Information  |                     |             |                   |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro   | up list); Part II-A | , lines 1 a | nd 2 (see         |
| instructions); and Part II-B, line 1. Also, complete this part for any additional information.  |                     |             |                   |
| PART II-B, LINE 1, LOBBYING ACTIVITIES:   |                     |             |                   |
| SCHEDULE C, PART II-B, LINE 1F: THE ORGANIZATION PAY  | S MEMBER            | SHIP        | DUES              |

TO ONE ORGANIZATION TO LOBBY ON BEHALF OF THE ORGANIZATION.

432043 01-18-25

Schedule C (Form 990) 2024

Docusign Envelope ID: 6539F09D-73DE-41DA-B736-D42A09656B2E

|        | HEDUL<br>n 990)                     | ED        |   |                   | al Financial St<br>anization answered "Yes        |                        |                        | OME            | 3 No. 1545-00 |
|--------|-------------------------------------|-----------|---|-------------------|---|------------------------|------------------------|----------------|---------------|
| •      | December 20                         | '         | Part IV, line   |                   | ), 11a, 11b, 11c, 11d, 11e<br>Attach to Form 990. | e, 11f, 12a, or 12b.   |                        | 0              | pen to Pub    |
|        | ment of the Trea<br>I Revenue Servi |           | Go to www.irs   |                   | 0 for instructions and th                         | e latest informatio    | n.                     |                | spection      |
| Name   | e of the org                        | ganizatio | on  |                   |   |                        | Emp                    | ployer identif |               |
|        |                                     |           | GRAYWOLF PR   |                   |   |                        |                        |                | 257237        |
| Par    |                                     | -         | tions Maintaining Do  |                   |   | imilar Funds or        | Accour                 | nts. Comple    | ete if the    |
|        | org                                 | anizatioi | n answered "Yes" on Form 9                                    | 190, Part IV, IIr |   | <u> </u>               |                        |                |               |
|        |                                     |           |   |                   | (a) Donor advise                                  | d funds                | (b) Fun                | nds and other  | accounts      |
| 1      |                                     |           | nd of year  |                   |   |                        |                        |                |               |
|        |                                     |           | f contributions to (during yea                                |                   |   |                        |                        |                |               |
|        |                                     |           | f grants from (during year)                                   |                   |   |                        |                        |                |               |
| 4<br>5 |                                     |           | end of year   |                   |   |                        | funda                  |                |               |
| 5      |                                     | -         | n's property, subject to the o                                |                   | -   |                        |                        |                | /es           |
| 6      |                                     |           | in inform all grantees, donors                                |                   |   |                        |                        | ······· · · ·  |               |
| -      |                                     |           | oses and not for the benefit                                  |                   |   |                        |                        |                |               |
|        |                                     |           |   |                   |   |                        | •                      |                | /es           |
| Par    | tli Co                              | nserva    | ation Easements. Com  |                   |   |                        |                        |                |               |
| 1      |                                     |           | ervation easements held by                                    |                   |   |                        |                        |                |               |
|        | Pres                                | ervation  | of land for public use (for ex                                | ample, recrea     | ation or education)                               | Preservation of a h    | nistorically           | important lar  | nd area       |
|        | Prot                                | ection o  | f natural habitat   |                   |   | ] Preservation of a d  | certified his          | storic structu | re            |
|        | Pres                                | ervation  | of open space   |                   |   |                        |                        |                |               |
| 2      | •                                   |           | through 2d if the organizatio                                 | n held a quali    | fied conservation contribu                        | ution in the form of a | a conserva             |                |               |
|        | day of the                          | -         |   |                   |   |                        |                        | Held at the E  | nd of the Tax |
| а      | Total numb                          | ber of co | onservation easements   |                   |   |                        | <u>2</u> a             |                |               |
| b      | Total acrea                         | age restr | icted by conservation easen                                   | nents             |   |                        |                        |                |               |
| С      |                                     |           | vation easements on a certifi                                 |                   |   |                        | <u>2c</u>              |                |               |
| d      |                                     |           | vation easements included o                                   | •                 | • • •   |                        |                        |                |               |
| •      |                                     |           | ure listed in the National Reg                                |                   |   |                        |                        | l              |               |
| 3      |                                     | conserv   | vation easements modified, t                                  | ransterred, re    | leased, extinguished, or te                       | erminated by the org   | ganization             | during the ta  | x             |
|        | year                                |           |   |                   |   |                        |                        |                |               |
| 4<br>5 |                                     |           | where property subject to co<br>ion have a written policy reg |                   |   | ion bandling of        |                        |                |               |
| 5      |                                     | -         | orcement of the conservation                                  | ÷ .               |   | ion, narioling of      |                        |                | /es           |
| 6      | ,                                   |           | r hours devoted to monitorin                                  |                   |   |                        |                        |                |               |
| Ū      |                                     |           |   | .g,g,             | nanomig er noranenio, an                          | a enteren ig eenteer   |                        |                | ,             |
| 7      | Amount of                           | expens    | es incurred in monitoring, ins                                | specting, hand    | dling of violations, and enf                      | forcing conservatior   | n easemen <sup>.</sup> | ts during the  | vear          |
|        |                                     | •         | 0,  | 1 0,              | 0   | Ū                      |                        | Ũ              |               |
| 8      | Does each                           | conserv   | /ation easement reported on                                   | line 2d above     | e satisfy the requirements                        | of section 170(h)(4)   | (B)(i)                 |                |               |
|        | and sectio                          | n 170(h)  | (4)(B)(ii)?   |                   |   |                        |                        | 🗆 ו            | /es           |
| 9      | In Part XIII                        | , describ | e how the organization repo                                   | orts conservati   | ion easements in its reven                        | ue and expense sta     | itement an             | d              |               |
|        | balance sh                          | neet, and | l include, if applicable, the te                              | ext of the foot   | note to the organization's                        | financial statements   | s that desc            | cribes the     |               |
| _      |                                     |           | ounting for conservation eas                                  |                   | · · · · · · · · · · · · · · · · · · ·             |                        |                        |                |               |
| Par    |                                     | -         | tions Maintaining Co  |                   | -   | asures, or Othe        | r Simila               | r Assets.      |               |
|        |                                     |           | the organization answered '                                   |                   |   |                        |                        |                |               |
| 1a     | U U                                 |           | elected, as permitted under                                   |                   | •   |                        |                        |                |               |
|        |                                     |           | asures, or other similar asse                                 | •                 |   |                        | erance of p            | public         |               |
| F      |                                     |           | Part XIII the text of the footr                               |                   |   |                        | noo obart              | works of       |               |
| b      | -                                   |           | elected, as permitted under ures, or other similar assets     |                   |   |                        |                        |                |               |
|        |                                     |           | ng amounts relating to these                                  | •                 | S SAMORION, GUUGALION, OF                         |                        |                        |                |               |
|        | -                                   |           | ded on Form 990, Part VIII, li                                |                   |   |                        |                        | \$             |               |
|        |                                     |           | d in Form 990, Part X   |                   |   |                        |                        | \$             |               |
| 2      |                                     |           | received or held works of an                                  |                   |   |                        |                        | )<br>Э         |               |
|        |                                     |           | ints required to be reported                                  |                   |   |                        |                        |                |               |
| а      |                                     | -         | on Form 990, Part VIII, line 1                                |                   | -   |                        |                        | \$             |               |
|        |                                     |           | Form 990, Part X  |                   |   |                        |                        | \$             |               |
| For P  | aperwork                            | Reducti   | on Act Notice, see the Inst                                   | ructions for F    | Form 990.   |                        | Schedule               | D (Form 990    | 0) (Rev. 12-  |
| LHA    | 432051 01-                          | -02-25    |   |                   | <i>c</i> -  |                        |                        |                |               |
|        |                                     |           |   |                   | 29  |                        |                        |                | _             |
| €0€    | 05 131                              | L839      | A424396   |                   | 2024.03040  | FRAYWOLF PI            | RESS                   |                | A4            |

|        | dule D (Form 990) (Rev. 12-2024) GRAYWO   |                                  | Listoriaal Tra         |                     | Otha      |                |        |             |                 | Page <b>2</b> |
|--------|---|----------------------------------|------------------------|---------------------|-----------|----------------|--------|-------------|-----------------|---------------|
|        | t III Organizations Maintaining C   |                                  |                        |                     |           |                |        |             | (continu        | ued)          |
| 3      | Using the organization's acquisition, accession   | on, and other records            | s, check any of the f  | ollowing that       | make s    | ignitic        | cant u | use of its  |                 |               |
|        | collection items (check all that apply).  | d                                |                        | hongo progra        | m         |                |        |             |                 |               |
| a<br>L |   | d                                |                        | hange progra        |           |                |        |             |                 |               |
| b      | Scholarly research  | e                                | Other                  |                     |           |                |        |             |                 |               |
| C<br>A | Preservation for future generations   | llastions and avalais            | bow thou further th    | o organizatio       | n'n ovor  |                |        | an in Dart  | VIII            |               |
| 4      | Provide a description of the organization's cc<br>During the year, did the organization solicit o |                                  | •                      | -                   |           |                | -      | semean      | AIII.           |               |
| 5      | 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                                  | ,                      | ,                   |           |                |        |             | Vee             |               |
| Par    | to be sold to raise funds rather than to be ma<br><b>t IV</b> Escrow and Custodial Arrange        |                                  |                        |                     | /00" 00   |                |        |             |                 | <u>No</u>     |
| I ui   | reported an amount on Form 990, Par   |                                  | le il the organization | i answered i        |           | FOIII          | 990,   | Fart IV, II | 110 9, 01       |               |
| 12     | Is the organization an agent, trustee, custodia   |                                  | liany for contribution | s or other as       | sets not  | inclu          | ded    |             |                 |               |
| ia     | on Form 990, Part X?  |                                  |                        |                     |           |                |        |             | Yes             | No            |
| h      | If "Yes," explain the arrangement in Part XIII a  |                                  |                        |                     |           |                |        |             |                 |               |
|        |   |                                  | lowing table.          |                     |           | Г              |        |             | Amount          |               |
| с      | Beginning balance   |                                  |                        |                     |           |                | 1c     |             |                 |               |
|        | Additions during the year   |                                  |                        |                     |           |                | 1d     |             |                 |               |
|        | Distributions during the year   |                                  |                        |                     |           |                | 1e     |             |                 |               |
| f      | Ending balance  |                                  |                        |                     |           |                | 1f     |             |                 |               |
|        | Did the organization include an amount on Fo  |                                  |                        |                     |           |                |        |             | Yes             | No            |
|        | If "Yes," explain the arrangement in Part XIII.   |                                  |                        |                     |           | ·              |        |             | _               |               |
| Par    |   |                                  |                        |                     |           | 0.             |        |             |                 |               |
|        |   | (a) Current year                 | (b) Prior year         | (c) Two year        |           |                | hree y | ears back   | (e) Four        | years back    |
| 1a     | Beginning of year balance   | 108,572.                         | 105,491.               | 104                 | ,765.     |                | 1      | 04,143.     |                 | 103,102.      |
|        | Contributions   |                                  |                        |                     |           |                |        |             |                 |               |
| с      | Net investment earnings, gains, and losses  | 3,902.                           | 3,081.                 |                     | 726.      |                |        | 622.        |                 | 1,041.        |
| d      | Grants or scholarships  |                                  | · · · · · ·            |                     |           |                |        |             |                 |               |
|        | Other expenditures for facilities   |                                  |                        |                     |           |                |        |             |                 |               |
|        | and programs  |                                  |                        |                     |           |                |        |             |                 |               |
| f      | Administrative expenses   |                                  |                        |                     |           |                |        |             |                 |               |
| g      | End of year balance   | 112,474.                         | 108,572.               | 105                 | i,491.    |                | 1      | 04,765.     |                 | 104,143.      |
| 2      | Provide the estimated percentage of the curr  | ent year end balance             | e (line 1g, column (a) | ) held as:          |           |                |        |             |                 |               |
| а      | Board designated or quasi-endowment   |                                  | %                      |                     |           |                |        |             |                 |               |
| b      | Permanent endowment 88.9000   | %                                |                        |                     |           |                |        |             |                 |               |
| с      | Term endowment 11.1000  | %                                |                        |                     |           |                |        |             |                 |               |
|        | The percentages on lines 2a, 2b, and 2c show  | uld equal 100%.                  |                        |                     |           |                |        |             |                 |               |
| 3a     | Are there endowment funds not in the posses   | ssion of the organiza            | tion that are held ar  | nd administer       | ed for th | ne             |        |             | _               |               |
|        | organization by:  |                                  |                        |                     |           |                |        |             | `               | Yes No        |
|        | (i) Unrelated organizations?  |                                  |                        |                     |           |                |        |             | 3a(i)           | <u> </u>      |
|        |   |                                  |                        |                     |           |                |        |             | 3a(ii)          | <u> </u>      |
| b      | If "Yes" on line 3a(ii), are the related organiza   | tions listed as require          | ed on Schedule R?      |                     |           |                |        |             | 3b              |               |
| 4      | Describe in Part XIII the intended uses of the  |                                  | wment funds.           |                     |           |                |        |             |                 |               |
| Par    | t VI Land, Buildings, and Equipm  |                                  |                        |                     |           |                |        |             |                 |               |
|        | Complete if the organization answered   | d "Yes" on Form 990              | , Part IV, line 11a. S | ee Form 990,        | , Part X, | line 1         | 0.     |             |                 |               |
|        | Description of property   | (a) Cost or of<br>basis (investm | • •                    | or other<br>(other) | • •       | ccum<br>precia |        | ed          | <b>(d)</b> Book | value         |
| 1a     | Land  |                                  |                        |                     |           |                |        |             |                 |               |
| b      | Buildings   |                                  |                        |                     |           |                |        |             |                 |               |
| с      | Leasehold improvements  |                                  |                        |                     |           |                |        |             |                 |               |
| d      | Equipment   |                                  |                        | 6,340.              |           | 156            |        |             |                 | ,406.         |
| е      | Other   |                                  | 52                     | 0,054.              |           | 304            | , 52   | 20.         |                 | ,534.         |
| Tota   | . Add lines 1a through 1e. (Column (d) must e   | qual Form 990, Part 2            | X. line 10c. column    | <u>(B))</u>         |           |                |        |             | 284             | ,940.         |

Schedule D (Form 990) (Rev. 12-2024)

10190505 131839 A424396

#### Schedule D (Form 990) (Rev. 12-2024) GRAYWOLF PRESS

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely held equity interests                                    |                |   |
| (3) Other  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))     |                |   |

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |   |

#### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) ROYALTY ADVANCES   | 628,559.       |
| (2) ROU ASSETS   | 233,293.       |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))   | 861,852.       |
| Part X Other Liabilities   |                |
| Complete if the experimentian ensurered "Ves" on Form 000, Part IV, line 11a or 11f, See Form 000, Part V, line 25 |                |

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                    | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) ROYALTY PAYABLE  | 269,864.       |
| (3) LEASE LIABILITIES  | 515,994.       |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 785,858.       |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) (Rev. 12-2024)

432053 01-02-25

|   |  |        |                   |        | 1257237 | Page <b>4</b> |
|---|--|--------|-------------------|--------|---------|---------------|
|   | per Audited Financial Statements         | s With | n Revenue per Re  | turn   |         |               |
| Complete if the organization answer             | ed "Yes" on Form 990, Part IV, line 12a. |        |                   |        | _       |               |
| 1 Total revenue, gains, and other support per   | audited financial statements             |        |                   | 1      | 5,075,  | ,545.         |
| 2 Amounts included on line 1 but not on Form    | າ 990, Part VIII, line 12:               |        |                   |        |         |               |
| a Net unrealized gains (losses) on investment   |  | 2a     | 121,581.          |        |         |               |
| <b>b</b> Donated services and use of facilities |  | 2b     |                   |        |         |               |
| c Recoveries of prior year grants               |  | 2c     |                   |        |         |               |
| d Other (Describe in Part XIII.)                |  | 2d     | 1,011,808.        |        |         |               |
|   |  |        |                   | 2e     | 1,133,  |               |
| 3 Subtract line 2e from line 1                  |  |        |                   | 3      | 3,942,  | <u>,156.</u>  |
| 4 Amounts included on Form 990, Part VIII, li   | ne 12, but not on line 1:                |        |                   |        |         |               |
| a Investment expenses not included on Form      |  | 4a     |                   |        |         |               |
| <b>b</b> Other (Describe in Part XIII.)         |  | 4b     |                   |        |         |               |
|   |  |        |                   | 4c     |         | 0.            |
| 5 Total revenue. Add lines 3 and 4c. (This mu   | 5  | 3,942, | 156.              |        |         |               |
| Part XII Reconciliation of Expenses             | ed "Yes" on Form 990, Part IV, line 12a. | s Wi   | th Expenses per I | Return | ו       |               |
| 1 Total expenses and losses per audited finar   |  |        |                   | 1      | 5,517   | 688.          |
| 2 Amounts included on line 1 but not on Form    |  |        |                   | -      | 5,517   |               |
| a Donated services and use of facilities        |  | 2a     |                   |        |         |               |
| <b>b</b> Prior year adjustments                 |  | 2b     |                   |        |         |               |
| c Other losses                                  |  | 2c     |                   |        |         |               |
| d Other (Describe in Part XIII.)                |  | 2d     | 1,011,808.        | -      |         |               |
| e Add lines 2a through 2d                       |  |        |                   | 2e     | 1,011,  | 808.          |
| O O determined Barry Conference Barry A         |  |        |                   | 3      | 4,505   |               |
| 4 Amounts included on Form 990, Part IX, lin    |  |        |                   | -      | ,       |               |
| a Investment expenses not included on Form      |  | 4a     |                   |        |         |               |
| <b>b</b> Other (Describe in Part XIII.)         |  | 4b     |                   |        |         |               |
|   | <b>_</b> _                               |        |                   | 4c     |         | 0.            |
| 5 Total expenses. Add lines 3 and 4c. (This n   |  |        |                   | 5      | 4,505,  | ,880.         |
| Part XIII Supplemental Information              |  |        |                   |        |         |               |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE FUNDS DRAWN FROM THE ENDOWMENT SHALL BE USED FOR THE PURPOSE OF SUPPORTING THE GRAYWOLF PRESS NONFICTION PRIZE UNTIL SUCH TIME AS SUCH CHARITABLE USE, IN THE JUDGMENT OF THE TRUSTEE (OR THE TRUSTEES DESIGNATED REPRESENTATIVE) AND THE BOARD OF DIRECTORS OF GRAYWOLF PRESS, BECOMES UNDESIRABLE, IMPRACTICAL, IMPOSSIBLE, OR NO LONGER ADAPTS TO THE MISSION OF GRAYWOLF PRESS.

PART X, LINE 2:

THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

PART XI, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 1,011,808.

```
1,011,808.
```

Schedule D (Form 990) (Rev. 12-2024)

432054 01-02-25

32 2024.03040 GRAYWOLF PRESS \_

\_

\_

\_

\_

| Part XIII  | Supplemental Information (continu  | (ad)  |
|------------|------------------------------------|-------|
| Schedule D | (Form 990) (Rev. 12-2024) GRAYWOLF | PRESS |

| Continuedy |
|------------|
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
| <br>       |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |

Schedule D (Form 990) (Rev. 12-2024)

432055 01-02-25

| SCHEDULE G   | Suppleme   | ntal Information Regarding               | Fund                | Iraisi  | ng or Gaming A                       | ctivi   | ties                         |                     |  |
|--|--|--|---------------------|---------|--------------------------------------|---------|------------------------------|---------------------|--|
| (Form 990)   | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. |  |                     |         |                                      |         |                              | OMB No. 1545-0047   |  |
| (Rev. December 2024)   | C  |  | Open to Public      |         |                                      |         |                              |                     |  |
| Department of the Treasury<br>Internal Revenue Service       | Go t   |  | Inspection          |         |                                      |         |                              |                     |  |
| Name of the organizatior                                     |  | Employer id                              | entification number |         |                                      |         |                              |                     |  |
|  | GRAYWOL  | F PRESS                                  |                     |         |                                      |         | 91-1257                      | 57237               |  |
|  |  | Complete if the organization answe       | ered "Y             | es" or  | n Form 990, Part IV, li              | ne 17   | 7. Form 990-E                | Z filers are not    |  |
| · · · · · · · · · · · · · · · · · · ·                        | complete this part   |  |                     |         |                                      |         |                              |                     |  |
| a Mail solicitat   |  | e Solicita                               |                     |         | Check all that apply.                |         |                              |                     |  |
|  | email solicitations  |  |                     |         | nment grants                         |         |                              |                     |  |
| c Phone solici   |  | g Special                                |                     |         |                                      |         |                              |                     |  |
| d 🗌 In-person so   | licitations  | <b>·</b>                                 |                     | 0       |                                      |         |                              |                     |  |
| 2 a Did the organization                                     | on have a written o  | r oral agreement with any individual     | (includ             | ling of | ficers, directors, trust             | tees,   | or                           |                     |  |
| key employees list   | ed in Form 990, Pa   | art VII) or entity in connection with p  | rofessi             | onal fi | undraising services?                 |         | Ye                           | s 🗌 No              |  |
| <b>b</b> If "Yes," list the 10                               | highest paid indiv   | viduals or entities (fundraisers) pursu  | ant to              | agreer  | ments under which th                 | ie fun  | draiser is to b              | e                   |  |
| compensated at le  | ast \$5,000 by the   | organization.                            |                     |         |                                      |         |                              |                     |  |
|  |  |  | (iii)<br>fundr      | Did     |                                      |         | Amount paid                  | (vi) Amount paid    |  |
| (i) Name and addres<br>or entity (fund                       |  | (ii) Activity                            | have c              | ustody  | (iv) Gross receipts<br>from activity |         | r retained by)<br>fundraiser | to (or retained by) |  |
| or criticy (idire  |  |  | or con<br>contribu  |         | nom activity                         |         | ed in col. (i)               | organization        |  |
|  |  |  | Yes                 |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              | ļ                   |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
| Total  |  |  | <u></u>             |         |                                      |         |                              |                     |  |
| <ol> <li>List all states in whi<br/>or licensing.</li> </ol> | ich the organizatio  | n is registered or licensed to solicit o | contrib             | utions  | or has been notified                 | it is e | exempt from r                | egistration         |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |
|  |  |  |                     |         |                                      |         |                              |                     |  |

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

Schedule G (Form 990) (Rev. 12-2024)

LHA 432081 01-14-25

Schedule G (Form 990) (Rev. 12-2024) GRAYWOLF PRESS

91-1257237 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1 | (b) Event #2                                     | (c) Other events | (d) Total events                                 |
|--|---|--------------|--|------------------|--|
|  |   | MINNEAPOLIS  | NEW YORK   |                  |  |
|  |   | GALA         | GALA   | 1                | (add col. <b>(a)</b> through                     |
|  |   | (event type) | (event type)                                     | (total number)   | col. <b>(c)</b> )                                |
|  |   |              |  | (1010111201)     |  |
| 1  | Gross receipts  | 249,551.     | 77,927.  | 20,377.          | 347,855  |
| 2  | Less: Contributions   | 221,051.     | 45,527.  | 17,702.          | 284,280  |
| 3  | Gross income (line 1 minus line 2)  | 28,500.      | 32,400.  | 2,675.           | 63,575   |
| 4  | Cash prizes   |              |  |                  |  |
|  | Noncash prizes  |              |  |                  |  |
| 6  | Rent/facility costs   | 11,096.      | 14,426.  | 5,300.           | 30,822   |
| 7  | Food and beverages  | 19,006.      | 35,270.  | 9,879.           | 64,155   |
|  | Entertainment   |              |  |                  |  |
| 9  |   |              | 41,987.  | 2,161.           | 54,944   |
| 9<br>10  |   |              | •  |                  | 149,921  |
| 11   | . , ,   |              |  |                  | -86,346  |
|  | <b>Gaming.</b> Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.  |              | (b) Pull tabs/instant                            |                  | (d) Total gaming (ad                             |
| art  |   | (a) Bingo    |  | (c) Other gaming | (d) Total gaming (ad<br>col. (a) through col. (d |
| 1  | \$15,000 on Form 990-EZ, line 6a.   | (a) Bingo    | (b) Pull tabs/instant                            |                  |  |
| 1  | \$15,000 on Form 990-EZ, line 6a.   | (a) Bingo    | (b) Pull tabs/instant                            |                  |  |
| 1 2 3  | \$15,000 on Form 990-EZ, line 6a.<br>Gross revenue  | (a) Bingo    | (b) Pull tabs/instant                            |                  |  |
| 1<br>2<br>3<br>4   | \$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes<br>Noncash prizes   | (a) Bingo    | (b) Pull tabs/instant                            |                  |  |
| 1<br>2<br>3<br>4<br>5  | \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs  | (a) Bingo    | (b) Pull tabs/instant<br>bingo/progressive bingo |                  |  |
| 1<br>2<br>3<br>4<br>5<br>6                                       | \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses  | (a) Bingo    | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming |  |
| 1<br>2<br>3<br>4<br>5<br>6<br>7                                  | \$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Volunteer labor<br>Direct expense summary. Add lines 2 throug  | (a) Bingo    | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming |  |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8                             | \$15,000 on Form 990-EZ, line 6a.<br>Gross revenue  | (a) Bingo    | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming |  |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>En<br>Ist                | \$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Volunteer labor<br>Direct expense summary. Add lines 2 throug  | (a) Bingo    | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming | col. (a) through col. (                          |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>En<br>1<br>5<br>1<br>f " | \$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes<br>Noncash prizes | (a) Bingo    | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming | col. (a) through col. (                          |

432082 01-14-25

Schedule G (Form 990) (Rev. 12-2024)

| Sch   | edule G (Form 990) (Rev. 12-2024) GRAYWOLF PRESS   | 91-12    | 25723     | 7 Page 3     |
|-------|--|----------|-----------|--------------|
| 11    | Does the organization conduct gaming activities with nonmembers?   |          | Yes       | s 🗌 No       |
|       | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed  |          |           |              |
|       | to administer charitable gaming?   |          | Yes       | s 🗌 No       |
| 13    | Indicate the percentage of gaming activity conducted in:   |          |           |              |
| а     | The organization's facility  |          | 13a       | %            |
|       | An outside facility  |          | 13b       | %            |
|       | Enter the name and address of the person who prepares the organization's gaming/special events books and records   |          |           |              |
| 15 2  | Name         Address         Does the organization have a contract with a third party from whom the organization receives gaming revenue?  |          | Yes       | 5            |
|       | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount  |          |           |              |
|       | of gaming revenue retained by the third party \$   |          |           |              |
| с     | If "Yes," enter the name and address of the third party:   |          |           |              |
| -     |  |          |           |              |
|       | Name   |          |           |              |
|       |  |          |           |              |
|       | Address  |          |           |              |
|       |  |          |           |              |
| 16    | Gaming manager information:  |          |           |              |
|       |  |          |           |              |
|       | Name   |          |           |              |
|       |  |          |           |              |
|       | Gaming manager compensation \$   |          |           |              |
|       |  |          |           |              |
|       | Description of services provided   |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       | Director/officer Employee Independent contractor   |          |           |              |
|       |  |          |           |              |
|       | Mandatory distributions:   |          |           |              |
| а     | Is the organization required under state law to make charitable distributions from the gaming proceeds to  |          | Yes       |              |
|       | retain the state gaming license?   |          |           | s 🛄 No       |
| b     | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in   | the      |           |              |
| Pa    | organization's own exempt activities during the tax year       \$         rt IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); | and Dart |           | ) 0h 10h     |
| I U   | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.   | and Part | m, mes s  | 9, 90, 100,  |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
| _     |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
|       |  |          |           |              |
| 43208 | 33 01-14-25 Schedule   | G (Form  | 1 990) (R | ev. 12-2024) |

| Schedule G (Form 990)     GRAYWOLF     PRESS       Part IV     Supplemental Information (continued) | 91-1257237 Page 4     |
|---|-----------------------|
| Part IV Supplemental Information (continued)  |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   | Schedule G (Form 990) |

432084 01-28-25

Docusign Envelope ID: 6539F09D-73DE-41DA-B736-D42A09656B2E

| SCHEDULE J<br>(Form 990)                               | <b>Compensation Information</b><br>For certain Officers, Directors, Trustees, Key Employees, and Highest |               | OMB No. 1   | 545-00  | )47   |
|--|--|---------------|-------------|---------|-------|
| (Rev. December 2024)                                   |  |               | Open to     | Publi   | ic    |
| Department of the Treasury<br>Internal Revenue Service | Attach to Form 990.<br>Go to www.irs.gov/Form990 for instructions and the latest information.            |               | Inspe       | ction   |       |
| Name of the organization                               |  | Employer id   | entificatio | on nur  | mber  |
| C C  | GRAYWOLF PRESS   |               | 25723       |         |       |
| Part I Question  | s Regarding Compensation   |               |             |         |       |
|  |  |               |             | Yes     | No    |
| 1a Check the appropri                                  | ate box(es) if the organization provided any of the following to or for a person listed on Form          | 990.          |             |         |       |
|  | line 1a. Complete Part III to provide any relevant information regarding these items.                    |               |             |         |       |
| First-class or c                                       |  | nal use       |             |         |       |
| Travel for com   |  |               |             |         |       |
|  | cation and gross-up payments   |               |             |         |       |
|  | spending account Personal services (such as maid, chauffe  | ur, chef)     |             |         |       |
| ,  |  | , ,           |             |         |       |
| <b>b</b> If any of the boxes                           | on line 1a are checked, did the organization follow a written policy regarding payment or                |               |             |         |       |
| -  |  |               | 1b          |         |       |
| 2 Did the organization                                 | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,            |               |             |         |       |
| •  | rs, including the CEO/Executive Director, regarding the items checked on line 1a?                        |               | 2           |         |       |
|  |  |               |             |         |       |
| 3 Indicate which, if a                                 | ny, of the following the organization used to establish the compensation of the organization's           | ;             |             |         |       |
| CEO/Executive Dire                                     | ector. Check all that apply. Do not check any boxes for methods used by a related organization           | on to         |             |         |       |
|  | ation of the CEO/Executive Director, but explain in Part III.  |               |             |         |       |
| Compensatior   | n committee Written employment contract  |               |             |         |       |
|  | compensation consultant $\overline{X}$ Compensation survey or study                                      |               |             |         |       |
|  | ther organizations $\overline{X}$ Approval by the board or compensation of                               | ommittee      |             |         |       |
|  |  |               |             |         |       |
| 4 During the year, did                                 | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                  |               |             |         |       |
| organization or a re                                   |  |               |             |         |       |
|  | e payment or change-of-control payment?  |               | 4a          |         | X     |
| <b>b</b> Participate in or rec                         | eive payment from a supplemental nonqualified retirement plan?   |               | 4b          |         | X     |
| c Participate in or rec                                | eive payment from an equity-based compensation arrangement?  |               | . 4c        |         | X     |
| If "Yes" to any of lir                                 | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.                 |               |             |         |       |
|  |  |               |             |         |       |
| Only section 501(c                                     | :)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                  |               |             |         |       |
| 5 For persons listed of                                | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic            | n             |             |         |       |
| contingent on the r                                    | evenues of:  |               |             |         |       |
| a The organization?                                    |  |               | 5a          |         | X     |
|  | ation?   |               |             |         | X     |
|  | pr 5b, describe in Part III.   |               |             |         |       |
| 6 For persons listed of                                | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic            | n             |             |         |       |
| contingent on the r                                    | net earnings of:   |               |             |         |       |
| a The organization?                                    |  |               | 6a          |         | X     |
|  | ation?   |               |             |         | X     |
|  | or 6b, describe in Part III.   |               |             |         |       |
| 7 For persons listed of                                | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments            | 5             |             |         |       |
| -  | nes 5 and 6? If "Yes," describe in Part III  |               | 7           |         | X     |
|  | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the           |               |             |         |       |
|  | eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III                  |               | 8           |         | x     |
|  | id the organization also follow the rebuttable presumption procedure described in                        |               |             |         |       |
|  | n 53.4958-6(c)?  |               | . 9         |         |       |
|  |  | edule J (Form |             | v. 12-: | 2024) |

10190505 131839 A424396

#### Schedule J (Form 990) (Rev. 12-2024) GRAYWOLF PRESS

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|                    |              | (B) Breakdown of W       | /-2 and/or 1099-MIS<br>compensation       | C and/or 1099-NEC                         | other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|--------------------|--------------|--------------------------|---|---|----------------|-------------------------|------------------------------------|---|
| (A) Name and Title |              | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation   |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) CARMEN SMITH   | (i)          | 168,600.                 | 0.  | 0.  | 8,275.         | 16,982.                 | 193,857.                           | 0.  |
|                    | (ii)         | 0.                       | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (ii)         |                          |   |   |                |                         |                                    |   |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (ii)         |                          |   |   |                |                         |                                    |   |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (ii)         |                          |   |   |                |                         |                                    |   |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (ii)         |                          |   |   |                |                         |                                    |   |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (ii)         |                          |   |   |                |                         |                                    |   |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (ii)         |                          |   |   |                |                         |                                    |   |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (ii)         |                          |   |   |                |                         |                                    |   |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (ii)         |                          |   |   |                |                         |                                    |   |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (ii)         |                          |   |   |                |                         |                                    |   |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (ii)<br>(ii) |                          |   |   |                |                         |                                    |   |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (ii)<br>(i)  |                          |   |   |                |                         |                                    |   |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (ii)<br>(i)  |                          |   |   |                |                         |                                    |   |
|                    | (i)<br>(ii)  |                          |   |   |                |                         |                                    |   |
|                    | (i)<br>(i)   |                          |   |   |                |                         |                                    |   |
|                    | (i)<br>(ii)  |                          |   |   |                |                         |                                    |   |
|                    | (i)          |                          |   |   |                |                         |                                    |   |
|                    | (i)<br>(ii)  |                          |   |   |                |                         |                                    |   |

Schedule J (Form 990) (Rev. 12-2024)

Page **2** 

91-1257237

Schedule J (Form 990) (Rev. 12-2024) GRAYWOLF PRESS

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) (Rev. 12-2024)

Docusign Envelope ID: 6539F09D-73DE-41DA-B736-D42A09656B2E

| SCHEDULE O   | Supplemental Information to Form 990 or 990  | -EZ             | OMB No. 1545-0047            |  |  |  |  |
|--|--|-----------------|------------------------------|--|--|--|--|
| (Form 990)<br>(Rev. December 2024)                     | Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information. |                 |                              |  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service | Attach to Form 990 or Form 990-EZ.<br>Go to www.irs.gov/Form990 for instructions and the latest information.                           |                 | Open to Public<br>Inspection |  |  |  |  |
| Name of the organization                               | GRAYWOLF PRESS   |                 | identification number 257237 |  |  |  |  |
|  | RT III, LINE 1, DESCRIPTION OF ORGANIZATION MI   | SSION:          |                              |  |  |  |  |
| GRAYWOLF'S BO  | OOKS, WHICH ARE FEARLESSLY ACQUIRED, ATTENTIVE   | LY EDI          | TED,                         |  |  |  |  |
|  |  | - ~             |                              |  |  |  |  |
| FORM 990, PA<br>DECADE, AND                            | RT III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN<br>EVEN THE CURRENT CENTURY.  | TS:             |                              |  |  |  |  |
|  |  |                 |                              |  |  |  |  |
|  | RT VI, SECTION A, LINE 1A:<br>E COMMITTEE IS COMPOSED OF THE FOUR OFFICERS O   | F THE           | BOARD OF                     |  |  |  |  |
|  | HE EXECUTIVE COMMITTEE MAY ACT DURING INTERVAL   |                 |                              |  |  |  |  |
|  | THE BOARD OF DIRECTORS, DURING WHICH AND SUBJE<br>DIRECTION, THE COMMITTEE SHALL HAVE AND MAY EX                                       |                 | THE BOARD'S<br>ALL OF THE    |  |  |  |  |
| AUTHORITY AND  | D POWERS OF THE BOARD OF DIRECTORS SUBJECT TO  | SUCH L          | IMITATIONS                   |  |  |  |  |
|  | MAY IMPOSE FROM TIME TO TIME. UNLESS SPECIFIC<br>OF DIRECTORS BY RESOLUTION APPROVED BY THE AF   |                 |                              |  |  |  |  |
| A MAJORITY O   | F THE DIRECTORS, THE EXECUTIVE COMMITTEE SHALL   | NOT H           |                              |  |  |  |  |
| AUTHORITY AND<br>INCORPORATION                         | D POWER TO ELECT OFFICERS, TO AMEND THE ARTICL<br>N, TO ADOPT A PLAN OF MERGER OR CONSOLIDATION,                                       |                 | THORIZE THE                  |  |  |  |  |
|  | RANCE OR DISPOSITION OF ALL OR SUBSTANTIALLY A   |                 |                              |  |  |  |  |
|  | ASSETS OF THE CORPORATION, TO AUTHORIZE A VOL<br>OF THE CORPORATION OR A REVOCATION THEREOF, OR  | UNTARY<br>TO AM | END THE                      |  |  |  |  |
| BYLAWS.  | of the corporation of a revocation thereof, or   | IU AM           |                              |  |  |  |  |
| FORM 990, PA   | RT VI, SECTION B, LINE 11B:  |                 |                              |  |  |  |  |
|  | RM 990 IS REVIEWED IN DETAIL BY THE FINANCE AN   | D OPER          | ATIONS                       |  |  |  |  |
|  | HE BOARD WILL BE PROVIDED AN ELECTRONIC OR PAP   |                 |                              |  |  |  |  |
|  | 90, REFLECTING ANY CHANGES MADE AT THE DIRECTI<br>LONG WITH THE COMMITTEE'S RECOMMENDATION THAT  | THE BO          |                              |  |  |  |  |
|  | S EXECUTION AND FILING ON BEHALF OF THE ORGANI   |                 |                              |  |  |  |  |
|  | N ON THE COMMITTEE'S RECOMMENDATION, THE BOARD<br>ITY TO RAISE QUESTIONS ABOUT THE CONTENT OF TH                                       |                 | BE AFFORDED<br>990 WITH      |  |  |  |  |
|  | HE COMMITTEE AND/OR THE FIRM'S EXTERNAL AUDITO   |                 |                              |  |  |  |  |
| FORM 990, PA   | RT VI, SECTION B, LINE 12C:  |                 |                              |  |  |  |  |
| THE ORGANIZA   | TION'S CONFLICT OF INTEREST POLICY COVERS BOAR   |                 | -                            |  |  |  |  |
|  | D EMPLOYEES (RESPONSIBLE PERSONS). EACH RESPON<br>LY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY  |                 |                              |  |  |  |  |
| POSITIONS, O   | R CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSO   | N IS I          | NVOLVED                      |  |  |  |  |
| THAT HE OR S   | HE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF  | INTERE          | ST ARISING.                  |  |  |  |  |
|  | OSURE FORMS AND OTHER DISCLOSURES MADE UNDER T   |                 |                              |  |  |  |  |
|  | THE EXECUTIVE DIRECTOR AND BOARD CHAIR. WHERE<br>D EXIST, RESPONSIBLE PERSONS ARE RECUSED FROM   |                 |                              |  |  |  |  |
| CONFLICTED DECISIONS IN ACCORDANCE WITH THE POLICY.    |  |                 |                              |  |  |  |  |
| A RESPONSIBL   | E PERSON HAVING A CONFLICT OF INTEREST WITH RE   | SPECT           | то а                         |  |  |  |  |
| TRANSACTION  | SHALL DISCLOSE ALL MATERIAL FACTS, SHALL RECUS   | E HIM/          | HERSELF                      |  |  |  |  |
|  | PATING IN ANY DISCUSSION OR VOTE, AND SHALL RE<br>MAY AFFECT THE ORGANIZATION'S PARTICIPATION IN                                       |                 |                              |  |  |  |  |
| THIS WILL BE   | REFLECTED IN THE MINUTES FOR THE MEETING. IF   | IT IS           | UNCLEAR                      |  |  |  |  |
| WHETHER A COL<br>A DETERMINAT                          | NFLICT EXISTS, THE EXECUTIVE DIRECTOR OR BOARD   | CHAIR           | WILL MAKE                    |  |  |  |  |
|  |  | edule O (Fo     | rm 990) (Rev. 12-2024)       |  |  |  |  |
| LHA 432211 01-15-25                                    |  |                 | -                            |  |  |  |  |

Schedule O (Form 990) 2024

Name of the organization

#### GRAYWOLF PRESS

Employer identification number 91-1257237

PART VI, FORM 990, SECTION B, LINE 15: ACTIONS AFFECTING THE COMPENSATION OF THE EXECUTIVE DIRECTOR ARE APPROVED BY THE BOARD OF DIRECTORS BASED UPON THE RECOMMENDATION OF THE BOARD CHAIR AND THE CHAIR OF THE BOARD'S FINANCE AND OPERATIONS COMMITTEE. THESE RECOMMENDATIONS ARE BASED ON, AMONG OTHER THINGS, (1) THE RESPONSIBILITIES AND REQUIREMENTS OF THE EXECUTIVE DIRECTOR, AS DETERMINED BY THE BOARD OF DIRECTORS; (2) REFERENCE TO THE COMPENSATION OF INDIVIDUALS IN POSITIONS DEEMED COMPARABLE TO THAT OF THE EXECUTIVE DIRECTOR, AS FOUND (FOR EXAMPLE) IN THE MINNESOTA NONPROFIT SURVEY; AND (3) THE PERFORMANCE OF THE ORGANIZATION UNDER THE EXECUTIVE DIRECTOR'S LEADERSHIP, IN ACHIEVING THE GOALS ESTABLISHED IN ITS STRATEGIC PLAN ADOPTED BY THE BOARD. THE DELIBERATIONS AND DECISION OF THE BOARD ARE UNDERTAKEN IN AN EXECUTIVE SESSION. THE PROCESS WAS UNDERTAKEN ON NOVEMBER 26, 2024 TO APPROVE THE CURRENT COMPENSATION OF THE EXECUTIVE DIRECTOR, C.SMITH.

AS PART OF THE ANNUAL BUDGET PROCESS, THE EXECUTIVE DIRECTOR WILL RECOMMEND THE COMPENSATION FOR EACH MEMBER OF THE STAFF WHICH WILL BE REVIEWED WITH THE CHAIR OF THE BOARD OF DIRECTORS AND THE CHAIR OF THE BOARD'S FINANCE AND OPERATIONS COMMITTEE. ON THE BASIS OF THIS REVIEW, THE BOARD CHAIR AND THE COMMITTEE CHAIR WILL RECOMMEND APPROVAL BY THE BOARD OF THE AGGREGATE AMOUNT BUDGETED FOR STAFF COMPENSATION FOR THE RELEVANT PERIOD. OUTSIDE THE ANNUAL BUDGETING PROCESS, THE EXECUTIVE DIRECTOR MAY APPROVE COMPENSATION INCREASES AND OFFERS OF EMPLOYMENT SPECIFYING COMPENSATION, FOR INDIVIDUAL STAFF MEMBERS UPON PRIOR CONSULTATION WITH THE BOARD CHAIR AND/OR THE COMMITTEE CHAIR.

FOR LONGTERM SALARY DETERMINATION, GUIDELINES ARE DEVELOPED BASED ON A SPECIALIST'S SURVEY OF COMPENSATION PAID BY OTHER NOT-FOR-PROFIT ORGANIZATIONS FOR COMPARABLE POSITIONS TO ASSIST IN ASSESSING THE APPROPRIATENESS OF COMPENSATION FOR ALL STAFF POSITIONS CONTEMPLATED BY THE BUDGET. THESE GUIDELINES ARE APPLIED IN ALL DETERMINATIONS ABOUT COMPENSATION. THE MOST RECENT COMPENSATION REVIEW WAS PERFORMED FOR CARMEN SMITH ON NOVEMBER 26, 2024, TAKING INTO ACCOUNT EXECUTIVE AND ORGANIZATIONAL PERFORMANCE, AS WELL AS THE COMPARISON PROCESS DESCRIBED HERE THAT WAS LAST COMPLETED IN NOVEMBER 2024, WHICH ESTABLISHED THAT GRAYWOLF'S EXECUTIVE COMPENSATION WAS AT THE LOWER END OF THE INDUSTRY AVERAGE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

432212 01-29-25

42 2024.03040 GRAYWOLF PRESS Schedule O (Form 990) 2024