

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning		and ending	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The Committee of 200		D Employer identification number 43-1438051
	Doing business as C200		E Telephone number 312-255-0296
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 332 S Michigan Ave Ste 900		
	City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60604		
	F Name and address of principal officer: Cynthia Doe same as C above		G Gross receipts \$ 5,746,495.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
J Website: www.C200.org		H(b) Are all subordinates included? Yes No	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1986 M State of legal domicile: MO	
H(c) Group exemption number			

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To inspire, educate, support, and advance current and future women entrepreneurs and corporate,			
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	9	
	6 Total number of volunteers (estimate if necessary)	6	70	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	266,803.	535,588.	
	9 Program service revenue (Part VIII, line 2g)	1,626,995.	1,872,860.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	309,469.	719,702.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,477.	25,199.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,249,744.	3,153,349.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,000.	0.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	979,900.	1,425,895.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25)	192,529.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,485,514.	1,712,643.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,495,414.	3,138,538.	
19 Revenue less expenses. Subtract line 18 from line 12	-245,670.	14,811.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	7,958,427.	8,037,205.	
	21 Total liabilities (Part X, line 26)	1,005,003.	804,719.	
22 Net assets or fund balances. Subtract line 21 from line 20	6,953,424.	7,232,486.		

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer				Date
	Myla Skinner, CEO				
Type or print name and title					
Paid Preparer Use Only	Preparer's name		Preparer's signature	Date	Check if self-employed
	Rebekuh Eley				P01247672
Preparer Use Only	Firm's name RSM US LLP			Firm's EIN 42-0714325	
	Firm's address 30 South Wacker Dr, Suite 3300 Chicago, IL 60606-3392			Phone no. 312-634-3400	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No