PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1335466 | Return of Organization Exempt From Income Tax

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning

	•. •		G.11.G.		_			
	heck if	C Name of organization			D Employer ide	entifica	ation number	
	Addre	CHRYSALIS CENTER						
	Name				95-3972	624		
	chang Initial	Doing business as Number and street (or P.0. box if mail is not deliver	ad to etroat addrage)	Doom/cuito	E Telephone nu			
	Jreturn]Final	mber 5-634	4					
	Jreturn/ termin ated	522 S. MAIN ST.	G Gross receipts \$, ,,,		4,701.		
	7Amen	City or town, state or province, country, and ZIP LOS ANGELES, CA 90013	or foreign postal code			up roti		1,701.
	Jreturn]Applic		RANGER		H(a) Is this a gro			X No
	_tion pendir	SAME AS C ABOVE				No		
	07.07	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	H(b) Are all subordin		st. See instructio	
	/ebsit		(IIISEIT IIO.) 4947 (a)(1)	01 321	H(c) Group exen			115
		organization: X Corporation Trust Assoc	iation Other	I Vaar	of formation: 1985		State of legal domi	cile: CA
	rt I	Summary	duon out of	L Teal	or formation, 2500	IVI	State of legal domi	UIIG, GII
	1	Briefly describe the organization's mission or most sign	nificant activities: HELPIN	G HOMELES	S AND LOW-INC	OME		
Governance		INDIVIDUALS GET READY FOR, FIND, AND RET	AIN EMPLOYMENT.					
rua	2	Check this box if the organization disconting	ued its operations or dispos	sed of more	than 25% of its ne	t asse	ts.	
over 1		Number of voting members of the governing body (Par				3		24
		Number of independent voting members of the govern				4		23
es 8	5	Total number of individuals employed in calendar year	2023 (Part V, line 2a)			5		2389
ξ	6	Total number of volunteers (estimate if necessary) $\ \dots$				6		192
Activities &	7 a	Total unrelated business revenue from Part VIII, colum	n (C), line 12			7a		0.
_	b	Net unrelated business taxable income from Form 990	-T, Part I, line 11	<u></u>		7b		0.
					Prior Year		Current Yea	
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			12,356,8		· · · · · · · · · · · · · · · · · · ·	7,055.
Revenue	9	Program service revenue (Part VIII, line 2g)			34,972,7		•	1,372.
ě		Investment income (Part VIII, column (A), lines 3, 4, and	•		119,4			3,906.
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c	, 10c, and 11e)		-466,8	_		6,779.
\dashv		Total revenue - add lines 8 through 11 (must equal Par			46,982,1		50,02	5,554.
		Grants and similar amounts paid (Part IX, column (A), I				0.		0.
		Benefits paid to or for members (Part IX, column (A), lir	,			0.		0.
Se S		Salaries, other compensation, employee benefits (Part			37,516,7	-	40,91	9,088.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line				0.		0.
ă		Total fundraising expenses (Part IX, column (D), line 25						
"ا		Other expenses (Part IX, column (A), lines 11a-11d, 11			11,690,3		· · · · · · · · · · · · · · · · · · ·	7,994.
		Total expenses. Add lines 13-17 (must equal Part IX, c			49,207,1			7,082.
	19	Revenue less expenses. Subtract line 18 from line 12			-2,224,9	-		1,528.
sor				Ве	ginning of Current Y		End of Yea	
set	20	Total assets (Part X, line 16)			18,723,4	-	•	2,705.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			7,575,1			5,863.
		Net assets or fund balances. Subtract line 21 from line	20		11,148,3	70.	8,44	6,842.
	rt II	Signature Block				, ,		
		Ities of perjury, I declare that I have examined this return, incl				от ту к	nowleage and bell	er, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is	based on all information of wr	ncn preparer	l l l l l l l l l l l l l l l l l l l			
C:		Signature of officer			I Date			
Sign		MARK LORANGER, PRESIDENT/CEO			Buto			
Here	€	Type or print name and title						
			anararia aignatura	Ιr	Date Che	rk	☐ PTIN	
Paid			eparer's signature TY BROWN		if if			
Paiu Prep			. I DIONII	<u> </u> 0	Firm's Elf	employed	4-6214841	
Use (Firm's name ARMANINO LLP Firm's address 2700 CAMINO RAMON, STE. 350			FIIIII S EII	v).		
J36 1	Jiiiy	SAN RAMON, CA 94583-5004			Dhone no	925-	790-2600	
May	the II	RS discuss this return with the preparer shown above?	See instructions		I r none no		Yes	No

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	CHRYSALIS SERVES PEOPLE NAVIGATING BARRIERS TO THE WORKFORCE BY	
	OFFERING A JOB-READINESS PROGRAM, INDIVIDUALIZED SUPPORTIVE SERVICES,	
	AND PAID TRANSITIONAL EMPLOYMENT. WE EMPOWER OUR CLIENTS ON THEIR	
	PATHWAY TO STABILITY, SECURITY, AND FULFILLMENT IN THEIR WORK AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
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	0.025.500	
	CORE EMPLOYMENT PROGRAM - CHRYSALIS OFFERS JOB-READINESS AND	— ′
	EMPLOYMENT-RELATED SOCIAL SERVICES THAT STRENGTHEN OUR CLIENTS'	
	EMPLOYABILITY. INDIVIDUALS WHO ACCESS CHRYSALIS SERVICES MAY HAVE	
	EXPERIENCED HOMELESSNESS, BEEN IMPACTED BY THE CRIMINAL JUSTICE SYSTEM,	
	OR ARE SEEKING ASSISTANCE IN NAVIGATING A BARRIER TO EMPLOYMENT.	
	THROUGH CASE MANAGEMENT, CLASSROOM INSTRUCTION, AND ONE-ON-ONE SESSIONS	
	WITH VOLUNTEERS OR STAFF EMPLOYMENT SPECIALISTS, CLIENTS BUILD	
	JOB-READINESS SKILLS, CREATE RESUMES, PARTICIPATE IN PRACTICE	
	INTERVIEWS, APPLY TO JOBS, AND RECEIVE RESOURCES AND SUPPORT TO	
	NAVIGATE OTHER BARRIERS THEY MAY BE FACING.	
	CLIENTS HAVE ACCESS TO A RANGE OF SUPPLEMENTAL SUPPORTS THAT INCLUDE	
4b	(Code:) (Expenses \$ 37,232,940. including grants of \$) (Revenue \$ 37,121,3	72.)
	CHRYSALIS ENTERPRISES PROGRAM - FOR CLIENTS WHO ARE INTERESTED IN AND	— ′
	IN NEED OF CURRENT WORK EXPERIENCE, CHRYSALIS OFFERS PAID, TRANSITIONAL	
	JOBS WITH ITS EMPLOYMENT SOCIAL ENTERPRISE TO GET THEM STARTED ON THE	
	ROAD TO PERMANENT, OUTSIDE EMPLOYMENT. TRANSITIONAL JOBS DELIVER	
	MARKETABLE EXPERIENCE AND OCCUPATIONAL SKILLS WHILE PROVIDING A CLOSELY	
	SUPERVISED, SUPPORTIVE WORKING ENVIRONMENT THAT ALLOWS CLIENTS TO	
	DEMONSTRATE AND PRACTICE THEIR HARD AND SOFT SKILLS.	
	IN 2023, CHRYSALIS ENTERPRISES OPERATED FOUR BUSINESS LINES WITHIN ITS	
	EMPLOYMENT SOCIAL ENTERPRISE: WORKS, SAFEKEEPING, ROADS, AND STAFFING.	
	CHRYSALIS WORKS EMPLOYS CHRYSALIS CLIENTS AND PROVIDES STREET	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
-t u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 47,068,532.	
<u></u>	to the state of th	

13350918 701245 CUS000011433

Page 3

95-3972624

Form 990 (2023) CHRYSALIS CENTER Part 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	Х	
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			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		х
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			
Ü	,	8		x
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			_v
	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	X	
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		Х
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		Х
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			
ızu	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	۱.,.		•
4 -	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			
	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		Х
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	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		x
		_	ΩΩΩ	·

332003 12-21-23

95-3972624

Form 990 (2023) CHRYSALIS CENTER Part IV Checklist of Required Schedules (continued)

			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			
	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 the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	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			
	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			
	Schedule L, Part I	25b		X
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%			
	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% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V			
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Zinei die Hamber reported in Box e er reim rees. Zinei e in net applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
Ü	Did the organization comply with backup withholding falls for reportable payments to vehicles and reportable gailling			

Form **990** (2023)

(gambling) winnings to prize winners?

Form	990 (2023) CHRYSALIS CENTER	95-397262	4	Р	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
	ı	1		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 2389			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	ļ.,
			3a		Х
	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 at	-			x
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		_ A
	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
		, ,	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?	-	6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	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 serv	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		Х
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	ntract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
	Sponsoring organizations maintaining donor advised funds.		0-		
			9a 9b		
	Section 501(c)(7) organizations. Enter:		90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			77
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule to the continuous to the payment (c) of more than \$1,000,000 in remuner		14b		1
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are payment(s) during the year?		15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

Form **990** (2023)

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	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 24			
	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 23			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:			
а	The governing body?	8a	Х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
3	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 Revenue Code.)	<u> </u>		
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D		10b		
115	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
a		15b	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		160		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		44
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	IOD		l
17 10	Elot the states with which a copy of the form cost is required to be med	only	avoile!	ole.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	Offity) a	avallat	Sie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	fi	ial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınanc	ial	
00	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 books and records			
	CARRIE AIKINS - 213-806-6344 522 S. MAIN STREET LOS ANGELES CA 90013			
	522 S. MAIN STREET, LOS ANGELES, CA 90013			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (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.

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

- 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.

(A) Name and title	(B) Average hours per week	(do box		Pos heck	c) ition more rson is	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARK LORANGER	40.00									
PRESIDENT & CEO		Х		Х				280,646.	0.	7,999.
(2) TREVOR KALE	40.00								_	
VP, CHRYSALIS ENTERPRISES						Х		221,353.	0.	11,437.
(3) MOLLY LARSON	40.00								_	
VP, PROGRAMS						Х		194,592.	0.	16,766.
(4) MICHAEL GRAFF-WEISNER	40.00								_	
VP, STRATEGY & EXTERNAL RE			_			Х		196,137.	0.	7,927.
(5) CARLYNE ERVIN	40.00	-						400.050		40 ==0
VP, HUMAN RESOURCES	40.00					Х		188,952.	0.	10,772.
(6) JOHN SONEGO	40.00	-						446 504		0.1.0
VP, DEVELOPMENT & COMM	40.00					Х		146,784.	0.	219.
(7) RAFE PERY	40.00	-		l						
CFO	1 00			Х				0.	0.	0.
(8) JEFFREY DALY	1.00	١							_	
CHAIR OF THE BOARD	1 00	Х	_	Х				0.	0.	0.
(9) AMELIA WILLIAMSON	1.00	١							_	
VICE CHAIR OF THE BOARD	1 00	Х	_	Х				0.	0.	0.
(10) JILL BALDAUF	1.00	١							_	
COMMITTEE CO-CHAIR	1 00	Х	_	Х				0.	0.	0.
(11) HEATHER FALCONE	1.00	١							_	
SECRETARY (12) PANY GENEL FEON	1 00	Х		Х				0.	0.	0.
(12) PAUL STAPLETON	1.00	-		٠,,					_	
TREASURER	1 00	Х		Х				0.	0.	0.
(13) PAWAN CHATURVEDI	1.00	x							_	
OIRECTOR (14) WEI M. FOU	1 00	Λ						0.	0.	0.
DIRECTOR	1.00	-						0.	0.	0
	1.00	Х						0.	٠.	0.
(15) ROBERT E. HART DIRECTOR		x						0.	0.	^
(16) MARCHELL HILLIARD	1.00	<u> </u>		<u> </u>				0.	U .	0.
DIRECTOR	1.00	x						0.	0.	0.
(17) PATRICIA JOHNSON	1.00	<u> </u>		<u> </u>				0.	· ·	
DIRECTOR	1.00	x						0.	0.	0.
2112010K		21		l	l		l	1 0.	<u> </u>	Form 990 (2022)

332007 12-21-23

Form 990 (2023) CHRYSALIS CE	NTER								95-39/262	4 Page o
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week (list any		l an		Tecto	i/ii us	(66)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 Or (stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)		and related
	below	ridual	tutior	Ja Ja	Key employee	est co loyee	Jer.			organizations
	line)	Indiv	Insti	Officer	Key 6	High emp	Former			
(18) HAYWARD J. KAISER	1.00									
DIRECTOR		Х						0.	0.	0.
(19) MARY ELLEN KANOFF	1.00									
DIRECTOR		Х						0.	0.	0.
(20) JOAN KRAMER	1.00									
DIRECTOR		Х						0.	0.	0.
(21) ALAN LONG	1.00									
DIRECTOR		Х						0.	0.	0.
(22) CAROLINE MACDONALD	1.00									
DIRECTOR (THRU 12/23)		Х						0.	0.	0.
(23) MAYANKA MELVILLE	1.00									
DIRECTOR		Х						0.	0.	0.
(24) MICHAEL MURPHY	1.00									
DIRECTOR		Х						0.	0.	0.
(25) KAREN MURPHY O'BRIEN	1.00									
DIRECTOR		Х						0.	0.	0.
(26) KERRY O'NEILL	1.00									
DIRECTOR (THRU 12/23)		Х						0.	0.	0.
1b Subtotal								1,228,464.	0.	55,120.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,228,464.	0.	55,120.

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

5 X

Section B. Independent Contractors

13350918 701245 CUS000011433

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
JORDANAH, INC		
5318 E 2ND ST. #361, LONG BEACH, CA 90803	EVENT MANAGEMENT SERVICES	441,019.
LYFT		
PO BOX 734714, CHICAGO, IL 60673	TRANSPORTATION SERVICES	340,035.
ROTH STAFFING COMPANIES, LP		
450 N. STATE COLLEGE BLVD, ORANGE, CA 92868	TEMPORARY STAFFING	292,717.
PERY CONSULTING GROUP, LLC	OUTSOURCED	
7607 WISCASSET DR, WEST HILLS, CA 91304	ACCOUNTING/CONSULTANT	281,344.
PAETEC - WINDSTREAM		
PO BOX 9001013, LOUISVILLE, CO 40290	TELEPHONE SERVICES	210,625.
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	10	
	-	000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

25

Form 990 CHRYSALIS CENTER 95-3972624

Form 990 CHRYSALIS CEI	NTER								95-39726	524
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per					Ė		from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				eg m		organization	(W-2/1099-MISC)	from the
	hours for	ordir	يو			ted 6		(W-2/1099-MISC)		organization
	related	stee	truste		eo	ben S				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below line)	divid	stitut	Officer	y em	ghest	Former			
7		드	드	5	3	王	. Fc			
(27) JEANNETTE PUGH	1.00	ł							_	_
DIRECTOR		Х						0.	0.	0.
(28) COLIN SHEPHERD	1.00	ŀ								
DIRECTOR		Х						0.	0.	0.
(29) STEVEN TOLBERT	1.00									
DIRECTOR		Х						0.	0.	0.
(30) STEVEN VIELHABER	1.00									
DIRECTOR		х	L	L	L	L	L	0.	0.	0.
			L	L			L			
-										
			\vdash							
			_							
		ŀ								
			L							
Total to Part VII, Section A, line 1c										
								1	I.	

Page 9

95-3972624

Form 990 (2023)
Part VIII

Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		·		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
υυ	1	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b					
2 5		Fundraising events 1c	1,484,377.				
fts,		d Related organizations 1d					
ig je		e Government grants (contributions)	6,113,088.				
Sir			0,113,000.				
utio		All other contributions, gifts, grants, and	5,799,590.				
들됨		similar amounts not included above 1f					
out		Noncash contributions included in lines 1a-1f	97,845.	12 207 055			
<u>0</u> <u>8</u>		1 Total. Add lines 1a-1f		13,397,055.			
			Business Code				
Se	2	CHRYSALIS ENTERPRISES	900099	37,121,372.	37,121,372.		
ē <u>X</u>		·					
S		·					
ar eve		d					
Program Service Revenue		e					
<u>ď</u>	1	All other program service revenue					
		Total. Add lines 2a-2f		37,121,372.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		1,275.			1,275.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	i				
		(i) Real	(ii) Personal				
	6	6a 44 ,400.					
		Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 44,400.					
		d Net rental income or (loss)		44,400.			44,400.
		a Gross amount from sales of (i) Securities	(ii) Other				,
	•	assets other than inventory 7a 2,631.	(1.) 5 11.151				
		Less: cost or other basis					
ø.							
ther Revenue		and ballot expended					
eve		· /		2,631.			2,631.
Ä		d Net gain or (loss)		2,031.			2,031.
	8	Gross income from fundraising events (not					
0		including \$ 1,484,377. of					
		contributions reported on line 1c). See	0.65 0.60				
		Part IV, line 188a	267,968.				
		Less: direct expenses 8b	809,147.				
		Net income or (loss) from fundraising events		-541,179.			-541,179.
	9	a Gross income from gaming activities. See	l				
		Part IV, line 199a					
		Less: direct expenses 9b					
	(Net income or (loss) from gaming activities					
	10	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
, [Business Code				
ous	11	a					
Miscellaneous Revenue							
elle eve							
<u>I</u> SC		All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		50,025,554.	37,121,372.	0.	-492,873.

332009 12-21-23

95-3972624

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 amounts reported on lines 6b, d 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	d other assistance to domestic organizations stic governments. See Part IV, line 21				
2 Grants ar	nd other assistance to domestic				
3 Grants ar organizat	nd other assistance to foreign ions, foreign governments, and foreign ls. See Part IV, lines 15 and 16				
	paid to or for members				
	sation of current officers, directors,				
	and key employees	288,645.	270,214.	9,696.	8,735
	tion not included above to disqualified				
persons (a	s defined under section 4958(f)(1)) and				
persons de	escribed in section 4958(c)(3)(B)				
7 Other sal	aries and wages	33,489,078.	31,350,759.	1,124,875.	1,013,444
	an accruals and contributions (include				
section 40	1(k) and 403(b) employer contributions)				
9 Other em	ployee benefits	4,146,306.	3,881,560.	139,271.	125,475
	xes	2,995,059.	2,803,821.	100,602.	90,636
	services (nonemployees):				
a Managen	nent				
b Legal		1,000,000.		1,000,000.	
c Accounti	ng	351,392.		351,392.	
d Lobbying	·				
e Profession	al fundraising services. See Part IV, line 17				
f Investme	nt management fees				
g Other. (If	line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	1,397,197.	1,028,868.	356,872.	11,457
	ng and promotion	7,423.	2,197.	1,575.	3,651
	penses	1,152,998.	1,034,190.	93,661.	25,147
4 Information	on technology				
5 Royalties					
6 Occupan	cy	1,901,835.	1,319,804.	499,471.	82,560
7 Travel		396,576.	184,608.	63,884.	148,084
8 Payments	s of travel or entertainment expenses				
for any fe	deral, state, or local public officials				
9 Conferen	ces, conventions, and meetings	106,045.	100,880.	167.	4,998
0 Interest		219,478.	208,789.	345.	10,344
	s to affiliates				
2 Deprecia	tion, depletion, and amortization	314,659.	83,240.	231,419.	
3 Insurance		797,074.	701,168.	75,895.	20,011
above. (Lis line 24e ar	enses. Itemize expenses not covered st miscellaneous expenses on line 24e. If mount exceeds 10% of line 25, column (A), st line 24e expenses on Schedule 0.)				
a ENTERPR	ISES VEHICLES	1,579,814.	1,579,814.		
b CLIENT	PERSONAL DEVELOP	1,514,902.	1,502,057.		12,845
c OTHER C	PERATING EXPENSE	1,068,601.	1,016,563.	1,677.	50,361
e All other	expenses				
	tional expenses. Add lines 1 through 24e	52,727,082.	47,068,532.	4,050,802.	1,607,748
	s. Complete this line only if the organization	, ,	, ,	, ,	. ,
	n column (B) joint costs from a combined				
=	al campaign and fundraising solicitation.				
Check here					

Form 990 (2023) Part X Balance Sheet

Par	.,,	Check if Schedule O contains a response or	note to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,184,699.	1	416,057.
	2	Savings and temporary cash investments			170,411.	2	3,243.
	3	Pledges and grants receivable, net			478,788.	3	1,928,344.
	4	Accounts receivable, net			10,123,116.	4	9,142,428.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
ဖွ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			609,576.	9	709,671.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D		6,996,500.			
	b	Less: accumulated depreciation	10b	4,776,147.	2,111,832.	10c	2,220,353.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir	ne 11			12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,045,073.	15	2,532,609.
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	18,723,495.	16	16,952,705.
	17	Accounts payable and accrued expenses	4,462,909.	17	5,048,051.		
	18	Grants payable				18	
	19	Deferred revenue			230,113.	19	1,150,060.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
န္	22	Loans and other payables to any current or for	ormer offic	er, director,			
≝		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	-			22	
-	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela	ated third p	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			2,882,103.		2,307,752.
	26	Total liabilities. Add lines 17 through 25			7,575,125.	26	8,505,863.
ر س		Organizations that follow FASB ASC 958, or	check her	e X			
Š		and complete lines 27, 28, 32, and 33.			0 412 504		6 010 400
alar	27			·····	9,413,594.	27	6,018,499.
Ä	28	Net assets with donor restrictions			1,734,776.	28	2,428,343.
ğ		Organizations that do not follow FASB AS	C 958, che	ck here			
느		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current fun				29	
SSe	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			11 140 270	31	0 446 040
ž	32	Total net assets or fund balances			11,148,370.	32	8,446,842.
	33	Total liabilities and net assets/fund balances			18,723,495.	33	16,952,705.

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	50	,025,	554.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52	,727,	082.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	,701,	528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,148,	370.
5	Net unrealized gains (losses) on investments	5			
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	8	446,	842.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	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	X	$ldsymbol{ld}}}}}}}}}$
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c 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	X	$oxed{oxed}$
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

CHRYSALIS CENTER

Employer identification number 95-3972624

		CIIICIDII	DID CHNIEK					70 07:2021
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C		•	·	, ,		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
	Х	An organization that norma	· ·				• •	nublic described in
•	ш	section 170(b)(1)(A)(vi). (C	•	That part of its support if	om a gove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	anic or from the general	pablic accorded in
8		A community trust describe		1VAVvi) (Complete Part	+ II \			
9	H	An agricultural research org			•	ad in coniu	unction with a land-grant	college
9		or university or a non-land-g				-		-
		· · · · · · · · · · · · · · · · · · ·	rant conege or agrici	ulture (see instructions).	Litter tile i	iairie, city	, and state of the college	5 01
10		university: An organization that norma	lly receives (1) more	than 22 1/20/ of its supp	ort from o	ontribution	a momborohin food an	d aross resoints from
10	ш		•					-
		activities related to its exem		•	` '		• •	•
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	aπer June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	\mathbb{H}	An organization organized a	· ·	•	•			_
12		An organization organized a	•	•	•			•
		more publicly supported or	-					Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а			ınization operated, sı	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the s	upporting
		organization. You must o	omplete Part IV, Se	ctions A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distri	ibution rec	quirement and an attenti	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations	, , , , , , , , , , , , , , , , , , , ,				
g		vide the following information		d organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
	_							

332021 12-21-23

Schedule A (Form 990) 2023 CHRYSALIS CENTER 95-3972624 Page 2

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

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

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4)	(-,	(-)	(-,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	6,555,097.	14,503,754.	11,195,419.	12,356,839.	13,397,055.	58,008,164.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,555,097.	14,503,754.	11,195,419.	12,356,839.	13,397,055.	58,008,164.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,850,006.
6	Public support. Subtract line 5 from line 4.						55,158,158.
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	6,555,097.	14,503,754.	11,195,419.	12,356,839.	13,397,055.	58,008,164.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	16,730.	46,425.	47,229.	163,828.	45,675.	319,887.
9	Net income from unrelated business		,	·	·		· · ·
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						58,328,051.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	149,738,956.
	First 5 years. If the Form 990 is for the			ourth. or fifth tax v	ear as a section 5		· · · · ·
	organization, check this box and stor			•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	94.57 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14	***		15	93.59 %
	33 1/3% support test - 2023. If the o					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te					-	
b	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets the						
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization			•	•		
			•				(Form 990) 2023

Schedule A (Form 990) 2023 CHRYSALIS CENTER 95-3972624 Page **3**

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received		1				
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year c Add lines 7a and 7b						+
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(4) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired ofter June 20 1075						
c Add lines 10a and 10b						
activities not included on line 10b,						
whether or not the business is						
regularly carried on 12 Other income. Do not include gain		+				
or loss from the sale of capital						
assets (Explain in Part VI.)		-				
13 Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	-04()(0)	1
14 First 5 years. If the Form 990 is for the	· ·		•		.,.,	
check this box and stop here Section C. Computation of Public						
•			(1)		145	
Public support percentage for 2023 (li			.,,		15	9
Public support percentage from 2022 Section D. Computation of Inves					16	9
-					147	
Investment income percentage for 20					17	9
Investment income percentage from 2					18	7:
19a 33 1/3% support tests - 2023. If the						/ is not
more than 33 1/3%, check this box an	-	-		•		
b 33 1/3% support tests - 2022. If the	•			•	•	
line 18 is not more than 33 1/3%, chec		•	•		-	<u>-</u>
20 Private foundation. If the organization	a did not check a	box on line 14 19:	a or 19b check ti	his box and see ins	structions	

332023 12-21-23

Schedule A (Form 990) 2023 CHRYSALIS CENTER 95-3972624 Page 4

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")? If "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?
- 6 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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
41.		
4b		
4-		
4c		
5a		
- Gu		
5b		
5c		
6		
J		
7		
7		
8		
9a		
9b		
9с		
10a		
iva		
40.		
10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	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 supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
2	supervised, or controlled the supporting organization.	2		
sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). etion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	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		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard. etion E. Type III Functionally Integrated Supporting Organizations	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The second second			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_~		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

332025 12-21-23

<u>Schedule A (Form 990) 2023</u> CHRYSALIS CENTER 95-3972624 Page **6**

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	Section A - Adjusted Net Income (A) Prior Year (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				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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 here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see		
	instructions).					

Sche	dule A (Form 990) 2023 CHRYSALIS CENTER				95-3972624	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ed)		
Secti	on D - Distributions		•		Current Y	ear
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	es of supported organizations	3	3		
_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 Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
С	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

	95-3972624						
Organization type (che	eck one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not 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						
Note: Only a section 50 General Rule For an organiz	tion is covered by the General Rule or a Special Rule . 601(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule.	otaling \$5,000 or more (in money or					
Special Rules							
sections 509(a	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount 90-EZ, line 1. Complete Parts I and II.	6b, and that received from any one					
contributor, d literary, or edu	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.						
year, contribu is checked, er purpose. Don	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						
aution: 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 name "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 nat 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.

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

CHRYSALIS CENTER

95-3972624

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 2	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 5	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	Tullio, dudi 500, dild Ell TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

CHRYSALIS CENTER

95-3972624

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	Total contributions \$ 339,534.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, audiess, and Zif + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

CHRYSALIS CENTER

95-3972624

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2023) Page 4

Name of or	rganization			Employer identification number
	S CENTER			95-3972624
Part III	from any one contributor. Complete columns (a) t	hrough (e) and the following line er	ntry. For organizations	
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. o	once.) \$
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g	ift	
	Transferes's name address on	d 7ID + 4	Polationahia of tra	unaforar to transferoe
ŀ	Transferee's name, address, an	u ZIF + 4	neiauonsnip oi tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			— I —	
		-		
		(e) Transfer of g	ift	
	Tunnafauna'a nama addusaa an	al 7 ID . 4	Dalatianahin of two	mafayay ta tuamafayaa
ŀ	Transferee's name, address, an	u ZIP + 4	neiauonsnip oi tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			— ———	
		(e) Transfer of g	ift	
	Transferee's name, address, an	d 7IP ± 4	Relationship of tra	nsferor to transferee
Ì		<u> </u>	Tioladonomp of the	
(a) No. from	(I) D	(-) 11 (-) (1	(a) D	anto Para and have a 10 to hadd
Part I	(b) Purpose of gift	(c) Use of gift	(a) Desc	cription of how gift is held
	-	-		
			_	
		(e) Transfer of g	ift	
	Transferee's name, address, an	d 7IP + 4	Relationship of tra	nsferor to transferee
		<u> </u>	Helauonship of tra	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CHRYSALIS CENTER

Employer identification number 95-3972624

Par	t I Organizations Maintaining Donor Advised Fu	nds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's exclusive	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor	s in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organiza	tion answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (for example, recreation or	reducation) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included on line 2c acquired af		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released	, extinguished, or terminated by tr	ne organization during the tax
	year		
4	Number of states where property subject to conservation easemen		_
5	Does the organization have a written policy regarding the periodic r		
6	violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handli		
U	Stall and voidified flours devoted to monitoring, inspecting, flanding	rig of violations, and emorcing col	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations and enforcing conserv	vation easements during the year
•	7 thount of expenses mounted in monitoring, inspecting, harding of	violations, and officioning conserv	ation sasoments daring the year
8	Does each conservation easement reported on line 2d above satisf	v the requirements of section 170	(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation eas		
	balance sheet, and include, if applicable, the text of the footnote to	•	
	organization's accounting for conservation easements.	3	
Par		Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public exl	nibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its financial st	atements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 958, to re	eport in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public exhib	ition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treasures		
	the following amounts required to be reported under FASB ASC 95	8 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for F		Schedule D (Form 990) 2023

CHRYSALIS CENTER <u> Page</u> **2** Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program b Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (a) Current year (b) Prior year (c) Two years back (e) Four years back 1,318,651. 1,318,651 1,318,651 1,318,651 1,318,651. **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses 1,318,651. 1,318,651. End of year balance 1,318,651. 1,318,651. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the No organization by: (i) Unrelated organizations? X (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land		1,300,000.		1,300,000.	
b Buildings		657,144.	304,483.	352,661.	
c Leasehold improvements					
d Equipment					
e Other		5,039,356.	4,471,664.	567,692.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))					

Schedule D (Form 990) 2023 CHRYSALIS CENTER	₹		95-3972624	Page \$
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 e	end-of-year market va	alue
(1) Financial derivatives				
2) Closely held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (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 e	end-of-vear market va	alue
	(b) Book value	(c) memer of valuation, each of	or your marker ve	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets				
Complete if the organization answered "Yes"	Lon Form 000 Dort IV line	11d Coo Form 000 Dort V line 15		
	Description	Tru. See Form 990, Fart X, line 15.	(b) Book val	ا ا
	Description		<u> </u>	
				7,003
(2) RIGHT-OF-USE ASSETS			2,39	5,606
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, co	o <i>l. (B))</i>		2,53	2,609
Part X Other Liabilities				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line		
(a) Description of liability			(b) Book val	iue
(1) Federal income taxes				
(2) OPERATING LEASE LIABILITY			98	2,490
(3) LT LEASE LIABILITY			1,32	5,262
(4)				
(5)				
(6)				
(7)				
(8)				

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

Schedule D (Form 990) 2023

2,307,752.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

	Reconciliation of Revenue per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ts with n	evenue per me	turri	
1				1	50,240,102.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	214,548.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	214,548.
3	Subtract line 2e from line 1			3	50,025,554.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	50,025,554.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts With I	Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				F2 041 630
1	Total expenses and losses per audited financial statements			1	52,941,630.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	214 540		
а	Donated services and use of facilities	2a	214,548.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	214,548.
3	Subtract line 2e from line 1			3	52,727,082.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	52,727,082.
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal informa	tion.		
PART	V, LINE 4:				
TO I	E USED FOR MAJOR CAPITAL INVESTMENTS OR OTHER EXTRAORDINARY PUR	RPOSES,			
SUCI	AS SUPPORTING PROGRAMS THAT HAVE BEEN IMPACTED BY UNANTICIPATE	ΞD			
FUNI	DING REDUCTIONS. IT MAY ALSO BE TAPPED AS A SHORT-TERM LINE OF C	CREDIT			
TO A	DDRESS TEMPORARY, UNANTICIPATED CASH FLOW NEEDS. THE BOARD OF				
DIRE	CTORS MAY DECIDE, AT ITS DISCRETION, TO DESIGNATE ADDITONAL FUN	IDS TO			
THE	FUND BASED ON THE ORGANIZATION'S SURPLUS CASH POSITION AND PROC	JECTED			
CZSI	NEEDS.				
CHDI	THERE.				
PART	X, LINE 2:				
THE	ORGANIZATION IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL AN	1D			
CAL	FORNIA INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REV	/ENUE			

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization CHRYSALIS	CENTER					95-397262	ntification number 4
Part I Fundraising Activities	- Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	line 1		
required to complete this par 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the	sed funds through any of the following sed funds through any of the following Solicita for oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includanted)	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total	1	ı	I				
Total List all states in which the organization or licensing.	on is registered or licensed to solicit o			or has been notified	l it is	exempt from re	I gistration
or necrosing.							
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z .			Schedule	G (Form 990) 2023

	11 (1	of fundraising event contributions and gr	-			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			BUTTERFLY BALL	FALL EVENT	1	col. (c))
<u>a</u>			(event type)	(event type)	(total number)	coi. (c)
Revenue	1	Gross receipts	1,606,964.	140,743.	4,638.	1,752,345.
	2	Less: Contributions	1,484,377.			1,484,377.
	3	Gross income (line 1 minus line 2)	122,587.	140,743.	4,638.	267,968.
	4	Cash prizes				
"		Noncash prizes				
Direct Expenses	6	Rent/facility costs	10,375.	45,088.		55,463.
ect Ex	7	Food and beverages	137,193.			137,193.
ä	ı	Entertainment				92,485.
	9	Other direct expenses	501,429.	19,436.	3,141.	524,006.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			809,147.
D -		Net income summary. Subtract line 10 from I				-541,179.
Pa	ırt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
	l .	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
	1	Gross revenue				
	2	Cash prizes				
Expense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming and No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	erminated during the tax y	ear?	Yes No
)-13-23				dule G (Form 990) 2023

Sched	dule G (Form 990) 2023 CHRYSALIS CENTER 9	5-3972624	Page 3
11 D	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	o administer charitable gaming?	Yes	No
	ndicate the percentage of gaming activity conducted in:		
	he organization's facility	13a	%
	n outside facility		%
	Inter the name and address of the person who prepares the organization's gaming/special events books and records:		
	and the name and address of the person who propares the organization organization granting, special events seeks and resortes.		
N	lame		
Δ	Address		
,			
15 a D	Ooes the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h If	"Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	i "Yes," enter name and address of the third party:		
C II	res, entername and address of the tillid party.		
	lame		
IN	name		
۸	ddroop.		
Α.	Address		
16 0	Coming manager information:		
16 G	Gaming manager information:		
	lama		
IN	lame		
_	Coming manager companyation ¢		
G	Caming manager compensation \$		
-	Description of comisses provided		
L	Description of services provided		
	Director/officer Employee Independent contractor		
	birector/officer Employee independent contractor		
47 \	Annelstan / distributions		
	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		□ Na
	etain the state gaming license?	Yes	∟ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
Part	organization's own exempt activities during the tax year \$	Dart III. Barra O	0 - 40 -
ı art		Part III, lines 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990) CHRYSALIS CENTER	95-3972624	Page 4
Schedule G (Form 990) CHRYSALIS CENTER Part IV Supplemental Information (continued)		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

CHRYSALIS CENTER

Employer identification number 95-3972624

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
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 related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		х
-	If "Yes" on line 5a or 5b, describe in Part III.	0.5		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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.

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation				
(1) MARK LORANGER	(i)	280,646.	0.	0.	0.	7,999.	288,645.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) TREVOR KALE	(i)	221,353.	0.	0.	0.	11,437.	232,790.	0.	
VP, CHRYSALIS ENTERPRISES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MOLLY LARSON	(i)	194,592.	0.	0.	0.	16,766.	211,358.	0.	
VP, PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MICHAEL GRAFF-WEISNER	(i)	196,137.	0.	0.	0.	7,927.	204,064.	0.	
VP, STRATEGY & EXTERNAL RE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) CARLYNE ERVIN	(i)	188,952.	0.	0.	0.	10,772.	199,724.	0.	
VP, HUMAN RESOURCES	(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)								
	(i)								
	(ii)								

SCHEDULE M (Form 990)

Noncash Contributions

2023

2023

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection
Employer identification number

	CHRYSALIS CENTER					95-3972624				
Par	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of de oncash contribu	etermin	_	s	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	Х		12,845.	FMV					
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	2 Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (AUCTION ITEMS	_) X	4	85,000.	FMV					
26	Other (_)								
27	Other (_)								
28	Other (
29	Number of Forms 8283 received by the o									
	for which the organization completed For	m 8283, Part V, D	Oonee Acknowledg	ement 29						
								Yes	No	
30a	During the year, did the organization rece	•		•		that it				
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for									
	exempt purposes for the entire holding period?								X	
b	,									
31										
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	OS/MIRCAIS/ID								X	
b	b If "Yes," describe in Part II.									
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,									
	describe in Part II.									

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

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

CHRYSALIS CENTER	95-3972624
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
I TYPE	
LIVES.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
INTERVIEW CLOTHING, RENTAL, UTILITIES, AND TRANSPORTATION ASSISTANCE,	
FOOD, TECHNOLOGY, AND A MAILING ADDRESS, AS WELL AS MENTAL HEALTH	
SUPPORT AND LEGAL ASSISTANCE. IN ADDITION, CHRYSALIS PROVIDES	
SCHOLARSHIPS TO HELP CLIENTS ACCESS EXTERNAL TRAININGS, CERTIFICATIONS,	
AND TOOLS/MATERIALS THAT WILL HELP THEM IN THEIR JOB SEARCH. AFTER A	
CLIENT HAS LANDED A JOB, STAFF CONTINUE TO CONNECT WITH THEM WITH	
SUPPORT FOCUSED ON EMPLOYMENT RETENTION.	
IN 2023, WE EMPOWERED 7,640 CLIENTS ON THEIR PATHWAY TO STABILITY,	
SECURITY, AND FULFILLMENT IN THEIR WORK AND LIVES AND 1,680 CLIENTS	
SECURED EMPLOYMENT IN THE GENERAL WORKFORCE.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
MAINTENANCE TO BUSINESS IMPROVEMENT DISTRICTS, SAFE STORAGE FOR	
INDIVIDUALS EXPERIENCING HOMELESSNESS, AND JANITORIAL SERVICES FOR	
COMPANIES THROUGHOUT LOS ANGELES COUNTY.	
CHRYSALIS SAFEKEEPING EMPLOYS OUR CLIENTS IN VITAL SAFE STORAGE	
MANAGEMENT AND JANITORIAL SERVICES FOR OUR MOST VULNERABLE COMMUNITY	
MEMBERS.	
CHRYSALIS ROADS EMPLOYS CHRYSALIS CLIENTS ON CREWS ACROSS SOUTHERN	
CALIFORNIA ENSURING THAT OUR FREEWAYS ARE BEAUTIFIED BY PROVIDING	
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** CHRYSALIS CENTER 95-3972624 LANDSCAPING AND LITTER ABATEMENT SERVICES. CHRYSALIS STAFFING CONNECTS CLIENTS TO EMPLOYERS THROUGHOUT LOS ANGELES AND ORANGE COUNTIES WHO ARE LOOKING FOR TEMPORARY OR TEMPORARY-TO-PERMANENT EMPLOYEES. BUSINESSES WORKING WITH STAFFING ARE MOST OFTEN SEEKING TO FILL POSITIONS IN THE FOLLOWING INDUSTRIES: GENERAL LABOR, WAREHOUSE, FACILITIES MAINTENANCE, HOSPITALITY, CLERICAL, AND FOOD SERVICE. IN 2023, 1,859 CLIENTS WORKED A TRANSITIONAL JOB IN CHRYSALIS ENTERPRISES. FORM 990, PART VI, SECTION A, LINE 3: RAFE PERY, CFO, OWNS PERY CONSULTING GROUP, WHICH PROVIDED CFO AND CONTROLLER SERVICES TO CHRYSALIS CENTER. THE ORGANIZATION PAID \$94,943 TO PERY CONSULTING DURING THE YEAR FOR THE CFO PORTION OF SERVICES. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PREPARED BY OUR OUTSIDE CPA FIRM. FOLLOWING THE COMPLETION OF A DRAFT OF THE FORM 990. THE RETURNS WERE REVIEWED BY THE EXECUTIVE AND FINANCIAL STAFF TO ASSURE THAT ALL REPRESENTATIONS AND ANSWERS TO ISSUES COMMENTS, AND QUESTIONS WERE ACCURATE. THE COMPLETE TAX RETURN, INCLUDING FORM 990 AND ALL SCHEDULES AND ATTACHMENTS, WAS DISTRIBUTED TO THE ORGANIZATION'S FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES THAT ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES

FILING.

Name of the organization	Employer identification number
CHRYSALIS CENTER	95-3972624
ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED, READ, AND	
UNDERSTOOD THE WRITTEN CONFLICT OF INTEREST POLICY, AND HAVE AGREED TO	
COMPLY WITH THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
ACCORDING TO THE ORGANIZATION'S BYLAWS, THE BOARD OF DIRECTORS SHALL FIX	
THE SALARY OF THE PRESIDENT/CEO THAT IS DETERMINED TO BE JUST AND	
REASONABLE, AND DOES NOT CONSTITUTE AN "EXCESS BENEFIT TRANSACTION" WITHIN	
THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE. THE SALARY OF THE	
CFO AND OTHER KEY EMPLOYEES IS DETERMINED UNDER THE PRESIDENT/CEO'S	
AUTHORITY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, DONOR	
PRIVACY POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON	
REQUEST.	
MAZOLOI.	