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CLIENT'S COPY

Bernstein and Associates A Business Management Company, Inc. 255 West 36th Street, Suite 504 New York, New York 10018

December 5, 2013

Chelsea Opera Inc Po Box 277 New York, NY 10113-0277

Chelsea Opera Inc:

Enclosed are the 2012 Exempt Organization returns, as follows...

2012 FORM 990

2012 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Terry Bernstein

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

July 31, 2013

Prepared for	
•	Chelsea Opera Inc
	Po Box 277
	New York, NY 10113-0277
Prepared by	
	Bernstein and Associates
	255 West 36th Street, Suite 504
	New York, NY 10018
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return	
and check (if applicable) to	Not applicable
Return must be	
mailed on or before	Not applicable
Special	
Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-E0 to our office. We will
	then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For th	e 2012 calendar year, or tax year beginning ${ m AUG}$ 1 , 2012 and end	ding J	UL 31, 2013	
В	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre	CHELSEA OPERA INC			
	Name			20-19	965815
	Initial return		om/suite	E Telephone number	
	Termi ated				260-1796
	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	70275.
	Applie tion	^{2a-} NEW YORK, NY 10113-0277		H(a) Is this a group ret	
	pendi	F Name and address of principal officer: LINNE HAIDEN-FINDLAY	ζ	for affiliates?	Yes X No
		521 EAST 14 ST APT 1C, NEW YORK, NY 100)09	H(b) Are all affiliates incl	uded? 🗌 Yes 🗌 No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or 🗌	527	If "No," attach a l	ist. (see instructions)
		te: CHELSEAOPERA.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year o	of formation: 2004 M	State of legal domicile: NY
P	art I				
e	1	Briefly describe the organization's mission or most significant activities: OPERA	PROD	UCTIONS AND	CONCERTS
Activities & Governance					
/ern		Check this box 🕨 🛄 if the organization discontinued its operations or disposed			
о б	3	Number of voting members of the governing body (Part VI, line 1a)			<u> </u>
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
ties	-	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			-
ţi	6	Total number of volunteers (estimate if necessary)			60
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u>.</u>		0.
				Prior Year 48197.	Current Year 43052 •
ne	8	Contributions and grants (Part VIII, line 1h)		31327.	24817.
Revenue	9 Program service revenue (Part VIII, line 2g)			127.	94.
Be	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3240.	2312.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		82891.	70275.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		02091.	0275.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	l loa	Professional fundraising fees (Part IX, column (A), line 11e)	·····	••	•
ы	17	Total fundraising expenses (Part IX, column (D), line 25) ▲ 24 / 0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		76121.	62048.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		76121.	62048.
		Revenue less expenses. Subtract line 18 from line 12		6770.	8227.
L S	3		Ber	ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		26021.	34248.
Ass	21			0.	0.
Net Assets or Fund Balances	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		26021.	34248.
P	art II	Signature Block		200220	012100
		alties of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which			
	,			,	
Sig	ın	Signature of officer		Date	
He		LYNNE HAYDEN-FINDLAY, TREASURER			
	-	Type or print name and title			

	Type of print name and the			
	Print/Type preparer's name	Preparer's signature)ate	
Paid	TERRY BERNSTEIN			self-employed P00234215
Preparer	Firm's name 🕞 BERNSTEIN AND AS		Firr	n's EIN ▶ 27-0491911
Use Only	Firm's address 🖕 255 WEST 36TH ST	REET, SUITE 504		
	NEW YORK, NY 100	18	Pho	one no. 646-559-4470
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
				- 000 (*** ***

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2012) CHELSEA OPERA INC	20-1965815	5 Page 2
	t III Statement of Program Service Accomplishments		·3-
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	PROVIDES OPPORTUNITIES FOR ARTISTS TO ADVANCE THEIR CRAI		IPANY
	PRODUCES STANDARD AND NEW WORKS WITH CHAMBER ORCHESTRA,	MAKING THE	EM
	AFFORDABLE TO THE COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Y	es X No
_	If "Yes," describe these new services on Schedule O.	—	V
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es 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 $2 + 1 = 501$ (2)(4) and 501 (2)(4) and 501 (2)(4)		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expense	is, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 34153. including grants of \$) (Revenue)	1	3588.)
та	(Code:) (Expenses \$) (Revenue THE WORLD PREMIERE OF THE MARK OF CAIN BY MATTHEW HARRIS		/
	QUINN CAME 10 DAYS AFTER HURRICANE SANDY HIT NYC. FOR SI		
	WAS UNCERTAIN THAT THE SHOW WOULD OPEN AT ALL. HOWEVER,		
	CAME BACK ON IN LOWER MANHATTAN, CAST, CREW AND VENDORS		IE
	OCCASION, WITH FIVE TECH DAYS SQUEEZED INTO THREE. THE	40 MINUTE C)NE
	ACT OPERA ACCOMPANIED BY CHELSEA OPERA CHAMBER ORCHESTRA	A STARRED B	BRACE
	NEGRON, BLYTHE GAISSERT, KATE OBERJAT, AND TOM MCNICHOLS		PAIRED
	WITH BENJAMIN BRITTENS CANTICLE II, OPUS 51 ABRAHAM AND		IG BY
	TENOR EAPEN LEUBNER AND TREBLE BENJAMIN WENZELBERG, ACCO		
	PIANIST AND CONDUCTOR STEVEN M. CRAWFORD. THE PRODUCTION		<u>'0</u>
	WELCOMING AUDIENCES AND A FAVORABLE REVIEW FROM OPERA NI	EWS.	
	(Code:) (Expenses \$ 8762. including grants of \$) (Revenue		4833.)
4b	(Code:) (Expenses \$ 8762 • including grants of \$) (Revenue THE SECOND PRODUCTION WAS THE MANHATTAN PREMIERE OF THE	INTIMATE A	/
	DISTANT LOVE: SONGS OF JOHN AND ABIGAIL ADAMS BY GARY S		
	TERRY QUINN. THE WORK IS DRAWN FROM THE LETTERS EXCHANGE		
	ICONIC PATRIOTS DURING JOHNS TIME IN AMSTERDAM WHERE HE		
	SECURE FINANCIAL SUPPORT FOR THE REVOLUTION AGAINST GREA		
	VICTORIA TRALONGO AND PETER KENDALL CLARK WERE ACCOMPAN		
	CHELSEA OPERA STRING QUARTET. THE SHOW REQUIRED NO SET A	AND IN THE	
	CLASSIC AND ACOUSTICALLY SUPERB CHRIST & ST. STEPHENS CH	HURCH, PLAY	ED TO
	NEAR FULL HOUSES. AMONG THE AUDIENCE WAS THE ASSISTANT I		
	ADAMS NATIONAL HISTORICAL PARK IN QUINCY MA. SHE HAS SIN		
	CHELSEA OPERA TO PRESENT THE WORK ON THE PARKS OPENING I	DAY IN APRI	L
	2015.		0.5.4.6
4c	(Code:) (Expenses \$ 8930 · including grants of \$) (Revenue (Code:) (Revenue (Code:))) (Revenue (Code:)))))))))))))))))))		3546.)
	TWO CHELSEA OPERA PRESENTS CONCERTS WERE GIVEN, THE FIRS		
	THE 200TH BIRTH YEARS OF BOTH VERDI AND WAGNER. THE SEC		
	A 1ST READING OF ACT ONE FROM BENJAMIN WENZELBERGS OPERA		
	BEAUTY. FOLLOWING THE READING, A PANEL WITH LAWRENCE DAWILSON, SAMUEL MCCOY, TERRY QUINN AND LAWRENCE EDELSON		1
	CONSTRUCTIVE FEEDBACK TO THE 13 YEAR OLD COMPOSER. MR.		<u>. TG</u>
	ORCHESTRATING 20 MINUTES OF THE FIRST ACT OF ABOUT HALF		
	PERFORMANCE PLANNED FOR JANUARY 2014 IN COLLABORATION W		
	BLOOMINGDALE SCHOOL OF MUSIC. ADDITIONAL EXPENSES INCU		DED
	LEFT OVER EXPENSES FROM FY12 AND PRODUCTION PREPARATION		

4d	d Other program services (Describe in Schedule O.)				
	(Expenses \$	including grants of \$) (Revenue \$)	
4e	Total program service expenses 🕨	51845.			
	_			Form 990 (2012)	

	990 (2012) CHELSEA OPERA INC 20-1965	812)
Pa	TIV Checklist of Required Schedules		-
			Yes
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3	
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	
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 Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5	
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6	
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	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	
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	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	
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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c	
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	
e 4	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	
ı 12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f	
	Schedule D, Parts XI and XII	12a	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	
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 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		
46	or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	
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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	1
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	

20a Did the organization operate one or more hospital facilities? *If* "Yes," *complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

No

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Form 990 (2012)

	990 (2012) CHELSEA OPERA INC 20-1965 t IV Checklist of Required Schedules (continued)	<u></u>	
1 01		1	Ye
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If</i> " <i>Yes</i> ," <i>complete Schedule I, Parts I and II</i>	21	
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	
3	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? <i>If</i> "Yes," <i>complete</i> <i>Schedule J</i>	23	
4a	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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25</i>	24a	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
	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	
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
	Section 501(c)(3) and 501(c)(4) 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	
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	
6	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26	
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27	
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30	
1	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32	
3	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	
4	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	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
	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	

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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

37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
	Note All Form 990 filers are required to complete Schedule O	38	l X

Form 990 (2012)

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Page **4**

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Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 25	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (ז		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
	(gambling) winnings to prize winners?		1c	X	
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 (2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	,			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial				37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	—	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b	──	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	—	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				- v
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>	──	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	C 1		
-	were not tax deductible?		6b	-	-
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the pavor?	7a		x
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	+	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		10		
Ŭ	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	L., I			
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
10-	amounts due or received from them.)	10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a	-	
а	Note. See the instructions for additional information the organization must report on Schedule O.		134		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
5	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
	Did the experimentian vector and any networks for independent on the service of wing the terrors		14a		X
	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul		14b		1

CHELSEA OPERA INC

Form 990 (2012)

Form 990 (2	012)
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20-1965815 Page 5

CHELSEA OPERA INC

20-1965815 Page 6

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

Chook if Schodula O contains a reaso	onse to any question in this Part VI
Check il Schedule O contains a respo	JISE to any question in this part vi

X

Sec	tion A. Governing Body and Management			
000	tion A. devenning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5	103	
iu	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 in Schedule O.			
b		b		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
U	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization s assets?	6		x
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	-		
74		7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
, D		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
a		8a	x	
b	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	00		<u> </u>
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
000	tion D. Tonoico (mis declion B requests intornation about policies not required by the internal neveral doub.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		l
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
-	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
-	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{NY}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	•	
	LYNNE HAYDEN-FINDLAY - 212-260-1796	F		
	521 EAST 14TH STREET APT 1C, NEW YORK, NY 10009			

Form 990 (2		-			Page /		
Part VII	Compensation of Officers,	Director	s, Trustees, Key Employees,	Highest Compensated			
	Employees, and Independe	ent Contr	ractors				
	Check if Schedule O contains a res	ponse to ar	ny question 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	t compensation for the calendar year ending	with or within the organization's tax year.			
● List al	l of the organization's current office	ers director	s trustees (whether individuals or orga	nizations) regardless of amount of compensati	on		

List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 List all of the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable

TNO

compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box.	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d	irecto	or/trus	stee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	æ			ated		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		e.	bens		(W-2/1099-MISC)		organization
	organizations	ual tru	onal		ploye	t com ee				and related organizations
	(list any hours for related organizations below line)	divid	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LYNNE HAYDEN-FINDLAY	40.00	드	드	ò	¥	ты	문			
TREASURER	10000	x		x				0.	0.	0.
(2) LEONARDA PRIORE	40.00									
PRESIDENT		x		x				0.	0.	0.
(3) LARRY F. BEERS	10.00								•••	
SEC/VP		x		x				0.	0.	0.
(4) COURTENAY CASEY	5.00								•••	
DIRECTOR		x						0.	0.	0.
(5) GERALD POTTER	5.00									
DIRECTOR		x						0.	0.	0.
(6) JOHN GELLER	5.00									
DIRECTOR		x						0.	0.	Ο.
		1								
		1								
							<u> </u>			

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Form 990 (2012) CHELSEA (20-196	5815	Paç	ge 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)							(D)	(E)		(F)	
Name and title	Average		(do not check more than one box, unless person is both an			than		Reportable	Reportable		stimated	
	hours per week					is bot pr/trus		1 '	compensation	a	amount of	
	(list any	to						_ from the	from related organizations	cor	other npensatio	on
	hours for	direc				p		organization	(W-2/1099-MISC)		rom the	511
	related	tee or	ustee			ensati		(W-2/1099-MISC)		or	ganizatio	n
	organizations	al trus	onal tr		lo yee	comp 3e					nd related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizatior	IS
		1										
							╞			+		
		1										
										_		
		1										
										——		
		-										
										——		
		1										
		1										
										<u> </u>		
		1										
1b Sub-total								0.).		0.
c Total from continuation sheets to Part V								0.).		0.
d Total (add lines 1b and 1c)								0.).		0.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wl	no r	received more than \$100	,000 of reportable			~
compensation from the organization											Veel	0
											Yes I	No
3 Did the organization list any former officer,	,		,	,				0 1	. ,			х
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su								har companyation from		. 3		<u></u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$15								-	the organization	4		х
5 Did any person listed on line 1a receive or a									idual for services			
rendered to the organization? If "Yes," com	•							•		. 5		х
Section B. Independent Contractors										<u></u>	<u>. </u>	
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors	that received more than	\$100,000 of compe	ensation	from	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	vithi	n the organization's tax	year.			
(A)				_				(B)			C)	
Name and business	address	N	ONE	E				Description of s	ervices	Compe	ensation	
							_					
							_					

2 Total number of independent contractors (including but not limited to those listed above) who received more than 0 \$100,000 of compensation from the organization

CHELSEA OPERA INC

		Check if Schedule O cont	ains a response	e to any question				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					,
nu		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		1190.				
ar A		Related organizations						
ni, G				15345.				
Sir		Government grants (contribut		10040.				
le ri	T	All other contributions, gifts, grant		26517.				
ë₿		similar amounts not included abov		20517.				
2 P	g				42050			
<u>9 0</u>	h	Total. Add lines 1a-1f			43052.			
				Business Code	01067	01067		
ice	2 a	TICKET SALES		711300	21967.	21967.		0.050
va el	b	SINGER FEES		711300	2850.			2850.
Program Service Revenue	С	·						
lev la	d							
<u></u>	е							
ء ا	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			24817.			
	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)		►	94.			94.
	4	Income from investment of tax						
	5	Royalties		►				
		-	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	7 4	assets other than inventory						
	h	Less: cost or other basis						
	D D							
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		······				
nue	8 a	Gross income from fundraising	90. of					
Ver		0 ·						
Re		contributions reported on line		0.				
Other Reve		Part IV, line 18						
₹		Less: direct expenses		, <u> </u>	0.			
		Net income or (loss) from func		····· •	0.			
	9 a	Gross income from gaming ac		2212				
		Part IV, line 19						
		Less: direct expenses			0010			2212
		Net income or (loss) from gam		····· •	2312.			2312.
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	k					
ļ	С	Net income or (loss) from sale	s of inventory .	🕨				
ļ		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			70275.	21967.	0.	5256.

CHELSEA OPERA INC

Part IX Statement of Functional Expenses

י הם	Check if Schedule O contains a respons not include amounts reported on lines 6b.	(Å)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	3635.	3335.	300.	
3	Office expenses	3008.		3008.	
4	Information technology				
5	Royalties	225.	225.		
6	Occupancy				
7	Travel	1160.	1009.	151.	
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	1915.	1340.	575.	
.5 24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ARTIST FEES	32840.	32840.		
a b	SPACE RENTAL; STORAGE R	11081.	7382.	3699.	
с С	SETS/LIGHTS/COSTUMES/PR	5714.	5714.		
d	FR TICKETS/POSTAGE/PRIN	2470.			2470
	All other expenses				2170
e 5	Total functional expenses. Add lines 1 through 24e	62048.	51845.	7733.	2470
5 6	Joint costs. Complete this line only if the organization	52040	51015.	1155.	2470
6	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here impaign and full and solve solve the solution of th				

Net Assets or Fund Balances

26

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	n 990 (2 rt X	2012) CHELSEA OPERA INC Balance Sheet		20
		Check if Schedule O contains a response to any question in this Part X		
			(A) Beginning of year	
	1	Cash - non-interest-bearing	26021.	1
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees. Complete		
		Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
		employers and sponsoring organizations of section 501(c)(9) voluntary		
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
Assets	7	Notes and loans receivable, net		7
As	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a		
	b	Less: accumulated depreciation 10b		10c
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
	16	Total assets. Add lines 1 through 15 (must equal line 34)	26021.	16
	17	Accounts payable and accrued expenses		17
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
les	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
Ĭ	22	Loans and other payables to current and former officers, directors, trustees,		
Liabilities		key employees, highest compensated employees, and disqualified persons.		
-		Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X of		
	1	Schedule D		25

.....

and

Total liabilities. Add lines 17 through 25

complete lines 27 through 29, and lines 33 and 34.

and complete lines 30 through 34.

Organizations that follow SFAS 117 (ASC 958), check here

Unrestricted net assets

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Permanently restricted net assets

(B) End of year

34248.

34248.

0.

0.

0.

34248.

34248.

34248.

Form 990 (2012)

0.

0. 30

0. 31

26021.

26021.

26021.

26

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32

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- 1				
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain in Schedule O) 9		0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))		342	48.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990: 🔀 Cash 🔲 Accrual 🗌 Other		Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			1
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			l
	review, or compilation of its financial statements and selection of an independent accountant?	2c		1
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			1
	Act and OMB Circular A-133?	3a		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			<u> </u>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Зb		1
			990	(2012)
		FOUI	330	(2012)

	Check if Schedule O contains a response to any question in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	70275.
2	Total expenses (must equal Part IX, column (A), line 25)	2	62048.
3	Revenue less expenses. Subtract line 2 from line 1	3	8227.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26021.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	10	34248.

Department of the Treasury
Internal Revenue Service

SCHEDULE A

(Form 990 or 990-EZ)

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.

inten			At 🕨	tach to Form 990 or Fo	orm 990-EZ. 🕨 See	separate instructions.		inspe	cuon			
Nar	ne of t	the organizati	ion				Employer i	dentificatio	on nui	mber		
			CHELSEA	OPERA INC			20)-1965	815			
Pa	art I	Reason	for Public Char	ity Status (All organiz	ations must complet	e this part.) See instructior	IS.					
The	organ	ization is not a	a private foundation	because it is: (For lines	1 through 11, check	only one box.)						
1		A church, co	nvention of churche	s, or association of chur	ches described in se	ction 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or	a cooperative hospi	tal service organization	described in section	170(b)(1)(A)(iii).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and stat	:e:									
5		An organizat	ion operated for the	benefit of a college or u	niversity owned or op	perated by a governmental	unit describe	ed in				
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6		A federal, sta	ate, or local governm	ent or governmental uni	t described in sectio	n 170(b)(1)(A)(v).						
7		An organizat	ion that normally rec	eives a substantial part	of its support from a	governmental unit or from	the general p	oublic desci	ribed i	n		
		section 170(b)(1)(A)(vi). (Comple	ete Part II.)								
8	X	A community	rtrust described in s	ection 170(b)(1)(A)(vi).	(Complete Part II.)							
9		0	,	()		rom contributions, member	,	0	•			
			-	-		2) no more than 33 1/3% o		-				
					tion 511 tax) from bu	sinesses acquired by the c	rganization a	after June 3	0, 197	'5.		
			509(a)(2). (Complete									
10				perated exclusively to te								
11						orm the functions of, or to o				or		
						on 509(a)(2). See section 5	09(a)(3). Che	ck the box	that			
				organization and compl	-							
		a 🛄 Type I	-		ype III - Functionally i	-	Гуре III - Non			-		
e						r indirectly by one or more				n		
						ations described in section	509(a)(1) or s	section 509	(a)(2).			
f		•		ten determination from								
_	_		rganization, check th									
ç	9	-		•		from any of the following		1	N			
						persons described in (ii) ar			Yes	No		
	the governing body of the supported organization?									<u> </u>		
	(ii) A family member of a person described in (i) above?11g(ii)(iii) A 35% controlled entity of a person described in (i) or (ii) above?11g(iii)								<u> </u>			
Ŀ				about the supported or				11g(iii)		L		
ł	•		onowing information	about the supported of	yai 112ation (5).							
/:	\ Nama	of supported	(ii) EIN	(iii) Type of organization	(iv) is the organization	(v) Did you notify the (v	i) Is the	(vii) Amount	ofmar			
(I		of supported		(described on lines 1-9	in col. (i) listed in your	organization in col.	zátion in col.	vii) Amount) supr		ietai y		

(I) Name of supported organization	(II) EIN	(described on lines 1-9	nicely in col. (i) listed in your organization in col. ection governing document? (i) of your support?		organization in col. (i) organized in the U.S.?		(VII) Amount of monetary support		
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

OMB No. 1545-0047

Open to Public

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Schedule A (Form 990 or 990-EZ) 2012 CHELSEA OPERA INC

20-1965815 Page 2

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	34626.	36903.	35642.	48197.	43052.	198420.		
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	34626.	36903.	35642.	48197.	43052.	198420.		
	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)								
6	Public support. Subtract line 5 from line 4.						198420.		
	tion B. Total Support						2701201		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Amounts from line 4	34626.	36903.	35642.	48197.	43052.	198420.		
8	Gross income from interest,	010101		000121	1010,0	100010			
0	dividends, payments received on								
	securities loans, rents, royalties	10.	45.	145.	127.	94.	421.		
•	and income from similar sources		±J•		127•	540	721.		
9	Net income from unrelated business								
	activities, whether or not the			2390.	3240.	2312.	7942.		
	business is regularly carried on			2390.	5240.	2312.	/942•		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)						206783.		
	Total support. Add lines 7 through 10						133507.		
	Gross receipts from related activities,	,	,			12	133307.		
13	First five years. If the Form 990 is for	•							
<u>So</u>	organization, check this box and stop ction C. Computation of Publi	here	rcontago						
						44	95.96 %		
	Public support percentage for 2012 (li					14	<u> </u>		
	Public support percentage from 2011					15			
16a	33 1/3% support test - 2012. If the o	-							
	stop here. The organization qualifies a								
b	33 1/3% support test - 2011. If the o	0		,		,			
4-	and stop here. The organization quali								
17a	'a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances test	-							
	more, and if the organization meets th								
	organization meets the "facts-and-circ						▶[_]		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction	s ▶∟		

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 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.)

<u>Sec</u>	ction A. Public Support		-	-				-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e	e) 2012	(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							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	ction B. Total Support							L
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	6	e) 2012	(f) Total
	Amounts from line 6	(u) 2000	(8) 2000	(0) 2010	(4) 2011	, (i	J 2012	() ()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in 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							
12	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is for	the organization'	l s first second thi	l rd fourth or fifth t	I ax year as a soctio	1 = 501(l
14	-	-			•			
500	check this box and stop here	c Support Pe	rcontago					
	Public support percentage for 2012 (li			aaluma (f)		15		0/
								<u>%</u>
	Public support percentage from 2011					16		%
	ction D. Computation of Inves							
	Investment income percentage for 20					17		%
							%	
19a	19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
F								
C	33 1/3% support tests - 2011. If the							
00	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	i ula not check a	box on line 14, 19	a, or 190, check t	his box and see in	structio	DIIS	▶∟

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

L **Open To Public** Inspection

OMB No. 1545-0047

Name	of the	organization

		OPERA INC							-	identi 658		on nu	mber
Part I Excess Benefit T													
Complete if the organi		Relationship betv				o, or	or Form 990-EZ, Part V, line 40b.			(d)	(d) Corrected?		
(a) Name of disqualified person		person and or		-	(4	c) De	escription of tran	Isactio	n		Ye		No
		-	5										
											_		
											_		
											+		
2 Enter the amount of tax incurre section 4958	-	-	-		qualified persons du	-	-		▶ \$				
3 Enter the amount of tax, if any									▶ \$				
Part II Loans to and/or	rom In	terested Per	sons										
Complete if the organiz					' Part V line 38a or l	Forn	n 990. Part IV lin	ne 26.	or if th	e oraș	nizati	าท	
reported an amount or					, 1 art V, inc ooa or i		1000,1 art 10, iii	10 20,		ic orga	inzati	511	
(a) Name of (b) R	elationship with	(c) Purpose	(d) Lo	oan to or n the	(e) Original	(f) Balance due	(g)		(h) App by boa	proved ard or	(i) W	ritten
interested person org	anization	of loan		ization?	principal amount			default?		comm	ittee?	agree	ment?
			То	From				Yes	No	Yes	No	Yes	No
Total		1			▶ \$								1
Part III Grants or Assista	nce Be	nefiting Inter	reste	d Pe	rsons.								
Complete if the organized	ation ans	wered "Yes" on I	Form	990, Pa			i						
(a) Name of interested persor		(b) Relationship interested pers the organiza	son an		(c) Amount of assistance		(d) Type assistan				Purp assista	ose of ance	F
									_				
									+				

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

Schedule L (Form 990 or 990-EZ) 2012

Complete if the organization answered "Yes" on Form 990. Part IV, line 28a, 28b, or 28c

	1 TES UITFUITT990, Fait IV, IIITE 20a, 2	.00, 01 200.		_	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
LYNNE HAYDEN-FINDLAY	BOARD MEMBER	600.	MS. HAYDEN-		X
LEONARDA PRIORE	BOARD MEMBER	200.	MS. PRIORE		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LYNNE HAYDEN-FINDLAY

(D) DESCRIPTION OF TRANSACTION: MS. HAYDEN-FINDLAY WAS ENGAGED AS A

STAGE DIRECTOR FOR TWO MAINSTAGE PRODUCTIONS, WHOSE COMPENSATION WAS

EQUAL TO AND NOT EXCEEDING NON-INTERESTED PERSONS.

(A) NAME OF PERSON: LEONARDA PRIORE

(D) DESCRIPTION OF TRANSACTION: MS. PRIORE WAS ENGAGED AS A SET DESIGNER

FOR ONE MAINSTAGE PRODUCTION, WHOSE COMPENSATION WAS EQUAL TO AND NOT

EXCEEDING NON-INTERESTED PERSONS.

SCHI	EDL	JL	E (0	
(Form	990	or	99	0-1	ΞZ

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 20 - 1965815

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE PRELIMINARY 990 IS

PROVIDED TO EACH BOARD MEMBER FOR REVIEW. UPON APPROVAL BY EACH MEMBER OF

THE BOARD, THE FILING IS SIGNED BY THE APPROPRIATE OFFICERS PRIOR TO

CHELSEA OPERA INC

SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS RECEIVE, SIGN AND RETURN FOR FILING A COPY OF THE CONFLICT OF INTEREST STATEMENT CERTIFYING THEY HAVE NONE, AT THE BEGINNING OF EACH FISCAL YEAR.

FORM 990, PART VI, SECTION C, LINE 19: A COPY OF THE 990 AND/OR FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST. OTHERWISE, THE 990 IS AVAILABLE FROM THE NYS ATTORNEY GENERAL'S OFFICE, CHARITIES REGISTRATION BUREAU. IT CAN ALSO BE DOWNLOADED FROM NYCHARITIES.ORG, THE FOUNDATION CENTER LIBRARY WEBSITE, AND CHELSEA OPERA'S WEBSITE.

	8879-EO	
Form	00/J-EU	

***** THIS IS NOT A FILEABLE COPY ***** IRS _{e-file} Signature Authorization

for an Exempt Organization

For calendar year 2012, or fiscal year beginning f AUG 1 , 2012, and ending f JUL 31 , 20 13

Department of the Treasury Internal Revenue Service Name of exempt organization

	Do	not	send	to	the	IRS.	Keep	for	your	recor	ds.
--	----	-----	------	----	-----	------	------	-----	------	-------	-----

CHELSEA OPERA INC

Employer identification number

20-1965815

Name and title of officer
LYNNE HAYDEN-FINDLAY
TREASURER
Part I Type of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	70275
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize BERNSTEIN AND ASSOCIATES	to enter my PIN	12345
ERO firm name		Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature ► ***** THIS IS NOT A FILEABLE COPY *** Date ►		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	•	
ERO's signature Date		
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To D	o So	

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

July 31, 2013

Prepared for	Chelsea Opera Inc Po Box 277
	New York, NY 10113-0277
Prepared by	Bernstein and Associates 255 West 36th Street, Suite 504 New York, NY 10018
Mail tax return to	New York State Department of Law Charities Bureau - Registration Section 120 Broadway New York, NY 10271
Return must be mailed on or before	December 16, 2013
Special Instructions	New York Form CHAR500 must be signed and dated by both of the authorized individuals. Also be sure that the attached copy of federal Form 990 has been properly signed and dated. Enclose a check for \$35 made payable to NYS Department of Law. Include the organization's state registration number(s) on the remittance.

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section			2012
This form used for120 BroadwayArticle 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)New York, NY 10271 http://www.charitiesnys.com		Open to Public Inspection		
1. General Information				
a. For the fiscal year beginning	ng (mm/dd/yyyy) 08/01/2012 and ending (mm/dd/yyyy)	07/31/20)13	
Address change	c. Name of organization CHELSEA OPERA INC		20	employer ID no. (EIN) -1965815 itate registration no.
Initial filing Final filing Amended filing NY registration pending	Number and street (or P.O. box if mail not delivered to street address) PO BOX 277	Room/suite	f. Telep 212	phone number 260-1796
ŭ ŭ	City or town, state or country and ZIP + 4 NEW YORK, NY 10113-0277		g. Emai CHEL	SEAOPERA@AOL.CO

2. Certification - Two Signatures Required					
We certify under penalties of perjury the	at we reviewed this report, in	cluding all attachm	ients, and to the best of c	our knowledge and bel	ief, they are
true, correct and complete in accordan	ce with the laws of the State	of New York applie	cable to this report.		
a. President or Authorized Officer		LEONARDA	PRIORE	PRESIDENT	
a. Tresident of Authorized Officer	Signature	Printed Na	me	Title	Date
b. Chief Financial Officer or Treas.			YDEN-FINDLAY	TREAS	
	Signature	Printed Na	me	Title	Date

3. Annual Report Exemption Information			
a. Article 7-A ann Check D	ual report exemption (Article 7-A registrants and dual registrants) if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.		
	NOTE: An organization may claim this exemption if no PFR or FRC was used <u>and</u> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.		
b. EPTL annual re Check ▶	port exemption (EPTL registrants and dual registrants) if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.		
report exemptions	A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <u>Do not</u> submit a fee, <u>do not</u> complete the following schedules and <u>do not</u> submit any attachments to this form.		
4. Article 7-A Sche	edules		
	the Article 7-A annual report exemption above, complete the following for this fiscal year: on use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? Yes* X No ete Schedule 4a.		
 b. Did the organization * If "Yes", complete 	on receive government contributions (grants)?		
5. Fee Submitted:	See last page for summary of fee requirements.		
Indicate the filing fe	e(s) you are submitting along with this form:		
	fee <u>\$ 10.</u> Submit only one check or money order for the		
	\$ 25. \$ 35. total fee, payable to "NYS Department of Law"		
c. rotariee	Ψ		
6. Attachments - F	For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments 📦 📦 📦		

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name DCA NYSCA	Grant Amount
DCA	\$ 9345. \$ 6000.
NYSCA	\$ 6000.
	\$
	\$
	\$
	\$
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Total Government Contributions (Grants)	\$ 15345.

CHELSEA OPERA INC 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type		Fee Instructions
•	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
•	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers		
Filing Fee X Single check or money order payable to "N	NYS Department of Law"	
Copies of Internal Revenue Service Forms IRS Form 990 All required schedules (including Schedule B) IRS Form 990-T	IRS Form 990-EZ All required schedules (including Schedule B) IRS Form 990-T	IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T

Additional Article 7-A Document Attachment Requirement
Independent Accountant's Report
Audit Report (total support & revenue more than \$250,000)
Review Report (total support & revenue \$100,001 to \$250,000)
X No Accountant's Report Required (total support & revenue not more than \$100,000)