



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Solicitation

NUMBER
EBA438

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
CONNIE OSWALD 304-558-2157

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

EDUCATIONAL BROADCASTING
 AUTHORITY
 600 CAPITOL STREET
 CHARLESTON, WV
 25301-1223 304-558-3400

DATE PRINTED
05/16/2013

BID OPENING DATE: 05/29/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1.				TO PROVIDE ANSWERS TO QUESTIONS RECEIVED FOR THIS SOLICITATION.		
2.				TO PROVIDE THE ADDENDUM ACKNOWLEDGMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.		
END OF ADDENDUM NO. 1						

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: EBA438

Addendum Number: 01

The purpose of this addendum is to modify the solicitation identified as (“Solicitation”) to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

1. To provide answers to questions received for this solicitation.
2. To provide addendum acknowledgment.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

EBA 438 Questions and Answers

Vendor Inquiry:

The following information would be helpful for our preparation of an accurate bid.

Question 1:

2012 fiscal year 990 return for West Virginia Public Broadcasting Foundation, Inc.

Answer 1: See attachment of 990.

Question 2:

2012 costs for the following; West Virginia Educational Broadcasting Authority and Affiliates, - audit

2012 costs for the following; West Virginia Public Broadcasting, Inc., - audit

2012 costs for the following; the Friends of West Virginia Public Broadcasting, Inc., - audit

2012 costs for the following; West Virginia Public Broadcasting Foundation, Inc., - 990

Answer 2: The previous 2012 Purchase Order price that covered all of the audits was \$18,000.

Question 3:

Any contract cost modifications.

Answer 3: There were no contract cost modifications.

Form **990**

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)

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning **Jul 1**, 2011, and ending **Jun 30**, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **WEST VIRGINIA PUBLIC BROADCASTING FOUNDATION, INC.**
 Doing Business As _____
 Number and street (or P O box if mail is not delivered to street addr) **600 CAPITOL STREET**
 City town or country **CHARLESTON** State ZIP code + 4 **WV 25301-1292**

D Employer identification number **55-0719285**

E Telephone number **(304) 254-7840**

G Gross receipts \$ **454,288.**

F Name and address of principal officer:
Dennis Adkins 600 Capitol St Charleston WV 25301-1292

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If No, attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.WVPUBCAST.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1992** **M** State of legal domicile: **WV**

H(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **SEE STATEMENT 2**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	104,157.	73,461.
9 Program service revenue (Part VIII, line 2g)	139,110.	111,583.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	143,078.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	198,858.	269,244.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	585,203.	454,288.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	407,569.	435,755.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	407,569.	435,755.
19 Revenue less expenses. Subtract line 18 from line 12	177,634.	18,533.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	783,154.	704,358.
21 Total liabilities (Part X, line 26)	29,663.	31,537.
22 Net assets or fund balances. Subtract line 21 from line 20	753,491.	672,821.

Part III Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: **Dennis Adkins** Date: **11/09/12**
 Title: **Executive Director**

Print/Type preparer's name: **Michael A. Balestra, CPA** Preparer's signature: *Michael A. Balestra* Date: _____
 Check if self-employed PTIN: **P00221151**

Firm's name: **Balestra, Harr & Scherer, CPAs, Inc.** Firm's EIN: **31-1413363**
 Firm's address: **528 South West St** Phone no.: **(740) 289-4131**
Piketon OH 45661

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2011 or fiscal year beginning Jul 1 2011 and ending Jun 30 2012

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

2011

Department of the Treasury
Internal Revenue Service

Name of exempt organization

WEST VIRGINIA PUBLIC BROADCASTING FOUNDATION, INC.

Employer identification number

55-0719285

Name and title of officer

Dennis Adkins

Executive Director

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 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

- 1 a Form 990 check here ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 454,288.
- 2 a Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ line 9) 2b _____
- 3 a Form 1120-POL check here ▶ b Total tax (Form 1120-POL line 22) 3b _____
- 4 a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b _____
- 5 a 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 2011 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 organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact 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

I authorize Balestra, Harr & Scherer, CPAs, Inc. to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program I also authorize the aforementioned ERO to 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 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program I will enter my PIN on the return's disclosure consent screen

X

Officer's signature _____ Date ▶ 11/09/2012

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

3151785555

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file 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 Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2011)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: EBA438

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|---|--|
| <input type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Company

Authorized Signature

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012