Form 8868	Rev 1-2013) POSITIVE ALTERNATIV	52-1440112	Page 2					
	are filing for an Additional (Not Automatic) 3-Month			box	- X			
	complete Part II if you have already been granted				_			
	are filing for an Automatic 3-Month Extension, com							
Part II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the original	(no copies neede	d).			
	Additional (Not Addomatio) o month =			lentifying number, see				
	Name of exempl organization or other filer, see instructions.			Employer identification numb				
	marile of exempt organization of other mer, see insubctions.							
Type or	or				0 1440770			
print				62-1440112 Social security number (SSN)				
File by the	Number, street, and room or suite number. If a P.O. box, see this							
extended due date for								
filing your	P.O. BOX 889							
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	BLACKSBURG VA 24063-0889							
Enter the	Return code for the return that this application is for	(file a sepa	arate application for each return)		01			
Application			Application		Return			
ls For		Code	Is For		Code			
Form 990	or Form 990-EZ	01						
Form 990-	BL	02	Form 1041-A	08				
	O (îndividual)	03	Form 4720	09				
Form 990-		04	Form 5227	. 10				
	T (section 401(a) or 408(a) trust)	05	Form 6069	11				
	T (trust other than above)	06	Form 8870	12				
	(Court of the Court of the Cour				<u>'</u>			
If the office of the o	ooks are in care of <u>VIRGINIA BAKER</u> none No. <u>(540)</u> <u>552</u> <u>4281</u> organization does not have an office or place of bus is for a Group Return, enter the organization's four up, check this box ☐ . If it is for part of the other extension is for.	iness in the digit Group	Exemption Number (GEN)	If th	is is for the			
members	the extension is for.							
A 1	t are additional 2 months subspaces of times until		20 4 2					
	juest an additional 3-month extension of time until	NOV 12	$\frac{1}{20}$, $\frac{1}{3}$.	20				
5 For	calendar year 2012 , or other tax year beginnin e tax year entered in line 5 is for less than 12 month	9	, 20 , and ending _	Final satura	- -			
		пѕ, спеск ге	eason: Initial return	Final return				
1 1	Change in accounting period							
7 State	e in detail why you need the extension More_	<u>time_i</u> s	<u> needed to prepare a co</u>	omplete				
<u>an</u>	<u>d accurate return </u>							
8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.					0.			
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions					0.			
			st be completed for Part II on					
Under penalti correct, and o	ies of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form.	companying sch	nedules and statements, and to the best of my known	owledge and belief, it is true,				
		100	•	Date ► 8	1/14/12			
Signature >	Manual. W little	u		Date P U	/· ///			

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€ If you a	are filing for an Additional (Not Automatic) 3-Month				> X		
Note. Only	complete Part II if you have already been granted	an automati	c 3-month extension on a previously	y filed Form 8868.	_		
• If you a	are filing for an Automatic 3-Month Extension, com						
Part II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the origina	I (no copies needed	d).		
<u> </u>	Enter filer's identifying number,						
	Name of exempt organization or other filer, see instructions.			Employer identification number	r (EIN) or		
Tunn or							
Type or print	POSITIVE ALTERNATIVE RADIO INC.			52-1440112			
•	Number, street, and room or suite number. If a P.O. box, see instructions.			Social security number (SSN)			
File by the extended							
due date for filing your	P.O. BOX 889						
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	BLACKSBURG	VA _ 24	1063-0889				
Enter the	Return code for the return that this application is for	r (file a sepa	rate application for each return)		01		
Application	on .	Return			Return		
Is For		Code	Is For		Code		
Form 990	or Form 990-EZ	01					
Form 990	BL	02	Form 1041-A	08			
Form 4720) (individual)	03	Form 4720	09			
Form 990		04	Form 5227	10			
	T (section 401(a) or 408(a) trust)	05	Form 6069				
Form 990	T (trust other than above)	06	Form 8870	orm 8870 12			
If the eIf this whole grown	none No. \(\sum_{540} \) 552-4281 organization does not have an office or place of bus is for a Group Return, enter the organization's four up, check this box \(\sum_{100} \). If it is for part of the	iness in the digit Group t	United States, check this box Exemption Number (GEN)	. If this	s is for the		
members	the extension is for.	-					
5 For 6 If the	quest an additional 3-month extension of time until calendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 month Change in accounting period in detail why you need the extension Mored accurate return.	g ns, check rea <u>time_is</u>	, 20, and ending _ ason:	, 20 Final return complete	'		
8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions					0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.					0.		
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions					0.		
	Signature and Verific	ation mus	st be completed for Part II or	ıly.			
Under penalticorrect, and of Signature	ies of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form. Title	companying sche	edules and statements, and to the best of my kn	nowledge and belief, it is true,	14/13		
BAA	7	FIFZ0502	01/21/13	Form 8868 ((Rev 1-2013)		