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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2009

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type.
See Specific Instructions

C
OWL RESEARCH INSTITUTE, INC.
P.O. BOX 39
CHARLO, MT 59824-0039

D Employer identification number

81-0453479

E Telephone number

(406) 644-6412

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► WWW.OWLINSTITUTE.ORG

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) ▶ (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 167, 936.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1 167, 899.
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4 37.
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b
b Less direct expenses other than fundraising expenses	6c
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a
7a Gross sales of inventory, less returns and allowances	7b
b Less: cost of goods sold	7c
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8
8 Other revenue (describe ► _____)	9 167, 936.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	
10 Grants and similar amounts paid (attach schedule)	SEE STATEMENT 1 10 1, 000.
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 89, 094.
13 Professional fees and other payments to independent contractors	13 2, 150.
14 Occupancy, rent, utilities, and maintenance	14 2, 656.
15 Printing, publications, postage, and shipping	15 7, 433.
16 Other expenses (describe ► SEE STATEMENT 2 _____)	16 40, 835.
17 Total expenses. Add lines 10 through 16	17 143, 168.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 24, 768.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 115, 179.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 139, 947.

Part II Balance Sheets. (If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.)

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13, 083. 22	29, 057.
23 Land and buildings	104, 883. 23	102, 916.
24 Other assets (describe ► SEE STATEMENT 3 _____)	10, 475. 24	10, 975.
25 Total assets	128, 441. 25	142, 948.
26 Total liabilities (describe ► SEE STATEMENT 4 _____)	13, 262. 26	3, 001.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	115, 179. 27	139, 947.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

16/9

Part V Other Information (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 7

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38b	N/A
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	39a	N/A
39 Section 501(c)(7) organizations Enter	39b	N/A
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	X
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.	40c	
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40d	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40e	X
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		
41 List the states with which a copy of this return is filed ► <u>NONE</u>		
42a The organization's books are in care of ► <u>DENVER HOLT</u> Located at ► <u>P.O. BOX 39, CHARLO, MT</u>	42b	Telephone no. ► (406) 644-6412 ZIP + 4 ► 59824
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ►	42c	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	► <input type="checkbox"/> N/A
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>NONE</u>				

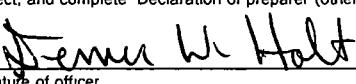
f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<u>NONE</u>		

d Total number of other independent contractors each receiving over \$100,000 ► _____

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

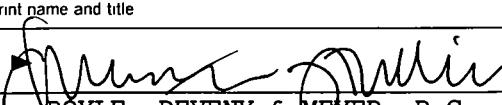
Sign Here 

Signature of officer

105 Oct 10

Date

► Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
				P00542354
Firm's name (or yours if self-employed), address, and ZIP + 4	BOYLE, DEVENY & MEYER, P.C. 305 S. FOURTH STREET E., SUITE 200 MISSOULA, MT 59801	EIN	► 81-0390489	
			Phone no	► (406) 721-3555

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

BAA

Form 990-EZ (2009)

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.

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number
81-0453479

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
3 A hospital or cooperative hospital 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 state _____
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Yes	No

Total

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	89,029.	113,749.	120,117.	145,960.	167,899.	636,754.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-through 3	89,029.	113,749.	120,117.	145,960.	167,899.	636,754.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						192,757.
6 Public support. Subtract line 5 from line 4						443,997.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	89,029.	113,749.	120,117.	145,960.	167,899.	636,754.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	235.	211.	131.	74.	37.	688.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 Total support. Add lines 7 through 10						637,442.
12 Gross receipts from related activities, etc (see instructions)					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	69.7 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	51.3 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2009 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		► <input type="checkbox"/>
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

BAA

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a 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						
c 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 assets (Explain in Part IV.)						
13 Total support. (add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33-1/3 support tests – 2009. 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		► <input type="checkbox"/>
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

2009**FEDERAL STATEMENTS****PAGE 1**

OWL RESEARCH INSTITUTE, INC.

81-0453479

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	RESEARCH
DONEE'S NAME:	MATT LARSON
DONEE'S ADDRESS:	PO BOX 7052
RELATIONSHIP OF DONEE:	MISSOULA, MT 59807
CASH AMOUNT GIVEN:	NONE
	\$ 1,000.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	\$ 100.
BOOKS & SUBSCRIPTIONS	90.
CONTRACT LABOR	6,962.
DEPRECIATION	9,268.
DUES & FEES	787.
FOOD	3,034.
GAS	1,872.
HAT PARTY EXPENSE	3,224.
INSURANCE	3,760.
OFFICE SUPPLIES	1,024.
PROPERTY TAXES	305.
REPAIR & MTNCE	378.
RESEARCH EXPENSE	150.
RESEARCH SUPPLIES	144.
SUPPLIES - FARM	618.
TELEPHONE	3,059.
TRAVEL	5,870.
VEHICLE & SNOWMOBILE EXP	79.
WEB PAGE EXPENSES	111.
TOTAL	\$ 40,835.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES	\$ 5,977.	\$ 8,059.
MACHINERY AND EQUIPMENT	4,498.	2,916.
TOTAL	\$ 10,475.	\$ 10,975.

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES PAYABLE TO OFFICERS, DIRECTORS, ETC.	\$ 3,262. 10,000.	\$ 3,001. 0.
TOTAL	\$ 13,262.	\$ 3,001.

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

RESEARCH AND PUBLIC EDUCATION ON OWLS AND WILDLIFE CONSERVATION

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

1. RESEARCH

• LONG-EARED OWL PROJECT:

ORI CONDUCTED A 24ND YEAR OF THE LONG-EARED OWL PROJECT, A LONGITUDINAL STUDY OF OWLS AND THEIR PREY SPECIES IN WESTERN MONTANA. THIS PROJECT, SLATED TO CONCLUDE AT 25 YEARS, WILL CULMINATE WITH META-ANALYSIS, A PUBLICATION SERIES, AND OUTREACH.

• SNOWY OWL PROJECT:

WE ALSO CONTINUED OUR 18TH SEASON OF SNOWY OWL STUDY IN BARROW, ALASKA. THE PROJECT FOCUSES ON THE OWL'S RELATIVE POPULATION TRENDS, BREEDING BIOLOGY, AND PREY SPECIES, IN BARROW, ALASKA. WE ARE ALSO WORKING TO MEASURE OUR SNOWY OWL AND PREY SPECIES DATABASE AGAINST CLIMATE CHANGE DATA.

• CAVITY NESTING OWLS PROJECT:

ORI MAINTAINED WINTER-SPRING SURVEYS OF BOREAL, NORTHERN PYGMY-, AND SAW-WHET OWLS, AS PART OF A LONG-TERM STUDY OF OWL HABITAT ASSOCIATIONS AND NESTING PREFERENCES.

• BARN OWL PROJECT:

WE ALSO SUSTAINED A FOURTH YEAR OF STUDY OF BARN OWLS IN WESTERN MONTANA, BOTH THEIR BREEDING ECOLOGY AND PREY SPECIES.

• NORTHERN HAWK OWL PROJECT:

ORI CONDUCTED SYSTEMATIC SURVEYS FOR NORTHERN HAWK OWLS IN FLATHEAD NATIONAL FOREST AND LIMITED SURVEYS IN GLACIER NATIONAL PARK. WE ARE ASSESSING THE OWL'S BREEDING BIOLOGY, HABITAT ASSOCIATIONS, AND PREY RELATIONSHIPS.

• FLAMMULATED OWL PROJECT:

OUR FIELD CREWS CONDUCTED EXTENSIVE SURVEY IN THE MISSOULA VALLEY, MONTANA, FOR FLAMMULATED OWL BREEDING ACTIVITY. THE OWL IS A SPECIES OF CONCERN IN MONTANA.

• SHORT-EARED OWL PROJECT:

WE HAVE BEGUN, SYSTEMATICALLY, TO DEVELOP A STANDARD SURVEY TECHNIQUE FOR THE SHORT-EARED OWL, A SPECIES IN DECLINE DUE TO LOSS OF OPEN GRASSLANDS, SHRUBLANDS, AND MARSHES.

2. EDUCATION

• PROGRAMS

ORI PROVIDED MORE THAN 1,500 EDUCATION HOURS TO MORE THAN 1,000 PARTICIPANTS. ACTIVITIES INCLUDE HIGH SCHOOL AND COLLEGE STUDENT INTERNSHIPS, GRADUATE STUDENT MENTORSHIPS, AND TEACHER AND WILDLIFE BIOLOGIST TRAININGS. THROUGH THIS PROGRAM, PARTICIPANTS HELPED TO CONDUCT OWL SURVEYS AND DIETARY STUDIES AND GAINED BASIC SKILLS IN FIELD SCIENCE.

WE ALSO DONATED FIELD CLASSES (DAYS IN THE FIELD) AND INDOOR CLASSES TO SCHOOLS, COMMUNITY GROUPS, AND AGENCY PARTNERS. TOPICS INCLUDED OWL BIOLOGY, ORNITHOLOGY, EXPERIMENTAL DESIGN, FIELD METHODS, AND MONTANA ECOTYPES.

3. CONSERVATION PARTNERSHIPS

ORI CONTINUES TO SHARE RESEARCH FINDINGS WITH FEDERAL, STATE, TRIBAL, AND

2009

FEDERAL STATEMENTS

PAGE 3

OWL RESEARCH INSTITUTE, INC.

81-0453479

STATEMENT 6 (CONTINUED)

FORM 990-EZ, PART III, LINE 28

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

NON-PROFIT AGENCIES TO INFORM RESOURCE MANAGEMENT. WE ALSO FORMED A PARTNERSHIP WITH AROUND THE AMERICAS, A NON-PROFIT THAT BUILDS AWARENESS OF THREATS TO THE OCEAN. IN TURN, WE TAUGHT THEIR STAFF ABOUT SNOWY OWLS AND ARCTIC ECOLOGY.

4. PUBLICATIONS

AS OF 2008, ORI HAS AUTHORED MORE THAN 85 SCIENTIFIC AND TECHNICAL PAPERS.

5. MEDIA OUTREACH

ORI FOUNDER DENVER HOLT WAS INTERVIEWED ON HOME GROUND RADIO (NPR) ABOUT OWL ECOLOGY. ALSO, THE NATIONAL WILDLIFE FEDERATION MAGAZINE PUBLISHED AN ARTICLE ABOUT ORI AND NORTHERN PYGMY OWLS. FROZEN PLANET, A NATURE DOCUMENTARY FROM THE BBC, HAS TEAMED WITH US TO FILM SNOWY OWLS (AIR DATE 2011).

STATEMENT 7

FORM 990-EZ, PART V

REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part II Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization OWL RESEARCH INSTITUTE, INC.	Employer identification number 81-0453479
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. BOX 39	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLO, MT 59824-0039	
	Check type of return to be filed (file a separate application for each return):	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	Form 990-T (corporation)
<input type="checkbox"/> Form 990-BL	Form 990-T (section 401(a) or 408(a) trust)
<input type="checkbox"/> Form 990-EZ	Form 990-T (trust other than above)
<input type="checkbox"/> Form 990-PF	Form 1041-A

- The books are in the care of. ► DENVER HOLT

Telephone No. ► (406) 644-6412 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box. ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

► calendar year 20 09 or
► tax year beginning _____, 20 ___, and ending _____, 20 ___

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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 3a \$ 0 .

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit **3b** \$ 0 .

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
	OWL RESEARCH INSTITUTE, INC.	
File by the extended due date for filing the return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	BOYLE, DEVENY & MEYER, P.C. 305 S. FOURTH STREET E., SUITE 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MISSOULA, MT 59801	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► DENVER HOLT Telephone No ► (406) 644-6412 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box. ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box... ► . If it is for part of the group, check this box . ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 20 10.

5 For calendar year 2009, or other tax year beginning , 20 , and ending , 20 .

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension... ADDITIONAL TIME IS NEEDED TO OBTAIN ALL THE INFORMATION FOR A COMPLETE AND ACCURATE RETURN.

8a 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.	8a \$
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.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs ...	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Dee Yea

Title ► GA

Date ► 8-5-10

BAA

FIFZ0502L 03/11/09

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