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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047  <b>2008</b>
	The organization may have to use a copy of this return to satisfy state reporting requirements	<b>Open to Public Inspection</b>

<b>A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009</b>		<b>C Name of organization</b> PRINCIPIA CORPORATION		<b>D Employer identification number</b> 43-0652667	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type. See Specific Instructions.</b>		<b>E Telephone number</b> (314) 434-2100	
				<b>G Gross receipts</b> \$ 315,679,272	
		<b>F Name and address of Principal Officer</b> Jonathan Palmer 13201 Clayton Road St Louis, MO 63131		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions )	
<b>J Web site:</b> WWW.PRINCIPIA.EDU				<b>H(c)</b> Group Exemption Number	
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		<b>L Year of Formation</b> 1912		<b>M State of legal domicile</b> MO	

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities  The Principia shall seek to serve the Cause of Christian Science through appropriate channels open to it as an educational institution		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<u>14</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . .	<b>4</b>	<u>11</u>
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	<u>1,648</u>
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<u>310</u>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C) . .	<b>7a</b>	<u>-447,776</u>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . .	<b>7b</b>	<u>-447,776</u>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	29,382,382	18,305,575
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . .	23,625,280	25,494,681
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,953,884	-12,858,707
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,585,542	1,167,919
			99,547,088	32,109,468
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,379,631	13,122,611
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,843,075	36,681,047
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	(Total fundraising expenses, Part IX, column (D), line 25 <u>4,353,934</u> )		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	22,997,324	24,815,683
	<b>18</b>	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	70,220,030	74,619,341
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	29,327,058	-42,509,873
Net Assets or Fund Balances			<b>Beginning of Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	756,529,414	612,077,178
	<b>21</b>	Total liabilities (Part X, line 26)	51,661,149	48,473,095
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	704,868,265	563,604,083

## Part II Signature Block

Please Sign Here	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				
	*****		2010-05-17		
	Signature of officer		Date		
	Mr D Douglas Gibbs Chief Financial Officer Type or print name and title				
Paid Preparer's Use Only	Preparer's signature ▶ KPMG LLP		Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 191 West Nationwide Blvd Ste 500 Columbus, OH 432152568				EIN ▶
					Phone no ▶ (614) 249-2300

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

☐ Yes

☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . .

☐ Yes

☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 30,363,042 including grants of \$ 13,122,611 ) (Revenue \$ 17,358,871 )

Instruction Instruction of approximately 1,023 students in College, Upper School, Middle School, Lower School and Pre-school

4b

(Code ) (Expenses \$ 13,090,156 including grants of \$ 0 ) (Revenue \$ 8,135,810 )

Auxiliary Enterprises Includes Food Services, Dormitory expenses, Bookstores and Adult Education programs

4c

(Code ) (Expenses \$ 10,217,875 including grants of \$ 0 ) (Revenue \$ 0 )

Student Services Includes Admissions, Registrar, College Athletics, Office of Student Life and Health Services

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

Libraries Libraries in each of the above named

(Code ) (Expenses \$ 1,617,877 including grants of \$ 0 ) (Revenue \$ 0 )

schools to support the instructional activities

(Code ) (Expenses \$ 3,842,101 including grants of \$ 0 ) (Revenue \$ 0 )

OTHER

4d

























Other program services (Describe in Schedule O )

(Expenses \$ 5,459,978 including grants of \$ 0 ) (Revenue \$ 0 )

4e

Total program service expenses \$ 59,131,051 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

		Yes	No	
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	<b>1</b>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? 	<b>2</b>	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<b>3</b>		No
<b>4</b>	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b>		No
<b>5</b>	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b>		
<b>6</b>	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	<b>6</b>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	<b>7</b>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	<b>8</b>		No
<b>9</b>	Did the organization report an amount in Part X, line 21, 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 "Yes," complete Schedule D, Part IV</i> 	<b>9</b>		No
<b>10</b>	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	<b>10</b>	Yes	
<b>11</b>	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . . 	<b>11</b>	Yes	
<b>12</b>	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . . 	<b>12</b>		No
<b>13</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> 	<b>13</b>	Yes	
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the U S ? . . . . .	<b>14a</b>	Yes	
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i> . . . . . 	<b>14b</b>	Yes	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> 	<b>15</b>		No
<b>16</b>	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, Part III</i> . . . . . 	<b>16</b>		No
<b>17</b>	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> 	<b>17</b>		No
<b>18</b>	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . . 	<b>18</b>	Yes	
<b>19</b>	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 	<b>19</b>		No
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20</b>		No
<b>21</b>	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . . 	<b>23</b>	Yes	
<b>24a</b>	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 "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> . . . . . 	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	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? <i>If "Yes," complete Schedule L, Part I</i> . . . . . 	<b>25a</b>		No
<b>b</b>	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . . 	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . . 	<b>26</b>	Yes	
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> 	<b>27</b>		No

Part IV

Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	Yes	
36	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 . . . . .		No
37	Did the organization conduct more than 5 percent 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 . . . . .		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a816		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a1,648		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	Yes	
4a	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)? . . . . .	4a	Yes	
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		No
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		No
10	<i>Section 501(c)(7) organizations.</i> Enter			
a	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	<i>Section 501(c)(12) organizations.</i> Enter			
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 amounts due or received from them ) . . . . .	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b		

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**

**Section A. Governing Body and Management**

		Yes	No
<i>For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	14
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	11
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	Yes
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	No
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	the governing body? . . . . .	<b>8a</b>	Yes
<b>b</b>	each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	No
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	Yes
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>11</b>	No

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? <i>If "No", go to line 13</i> . . . . .	<b>12a</b>	Yes
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	No
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b>	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		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	Yes
<b>b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O	<b>15b</b>	Yes
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed _____
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. DOUGLAS GIBBS 13201 CLAYTON ROAD St Louis, MO 63131 (314) 514-3104

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

[illegible]

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Helmkamp Construction Co	Services & Goods	2,901,637
A2Z and D Cabling Inc	services & goods	473,328
Wegman Electric Co	services & goods	385,962
Aschinger Electric Communications I	services & goods	343,469
SunGard Higher Education Inc	Services	285,769
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization . . . . .		25

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . . 1a		18,305,575				
	b	Membership dues . . . . . 1b						
	c	Fundraising events . . . . . 1c	15,380					
	d	Related organizations . . . . . 1d						
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	18,290,195					
	g	Noncash contributions included in lines 1a-1f \$ 976,805						
	h	Total (Add lines 1a-1f) . . . . .						
	Program Service Revenue	2a	TUITION AND FEES					Business Code 900,099
b		SALES AND AUX ENTERP	900,099	8,135,810			8,135,810	
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f . . . . . \$ 25,494,681						
Other Revenue		3	Investment income (including dividends, interest other similar amounts) . . . . .					
		4	Income from investment of tax-exempt bond proceeds . . . . .		4,578,901			4,578,901
	5	Royalties . . . . .		0				
	6a	Gross Rents	(i) Real 663,364	(ii) Personal	222,392		222,392	
	b	Less rental expenses	440,972					
	c	Rental income or (loss)	222,392					
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities 265,665,700	(ii) Other 12,952	-17,437,608		-17,437,608	
	b	Less cost or other basis and sales expenses	283,116,260					
	c	Gain or (loss)	-17,450,560	12,952				
	d	Net gain or (loss) . . . . .						
	8a	Gross income from fundraising events (not including \$ 4,380 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . a	15,380	-8,192			-8,192	
	b	Less direct expenses . . . . . b	12,572					
	c	Net income or (loss) from fundraising events . . . . .						
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a		0				
	b	Less direct expenses . . . . . b						
	c	Net income or (loss) from gaming activities . . . . .						
	10a	Gross sales of inventory, less returns and allowances . . . . . a		0				
	b	Less cost of goods sold . . . . . b						
	c	Net income or (loss) from sales of inventory . . . . .						
		Miscellaneous Revenue	Business Code					
11a	OTHER REVENUE	900,099	1,024,369			1,024,369		
b	PARTNERSHIP INCOME	531,390	-451,384		-451,384			
c	OIL/GAS ROYALTIES	211,110	380,734		3,608	377,126		
d	All other revenue							
e	Total. Add lines 11a-11d . . . . . \$ 953,719							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .			32,109,468	17,358,871	-447,776	-3,107,202	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	13,122,611	13,122,611		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	1,839,076	496,749	914,439	427,888
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	29,089,809	22,556,477		2,020,515
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	3,593,791	2,646,924	762,854	184,013
10	Payroll taxes . . . . .	2,158,371	1,655,244	349,465	153,662
11	Fees for services (non-employees)				
a	Management . . . . .	1,593,581	943,812	365,857	283,912
b	Legal . . . . .	133,976	6,567	124,073	3,336
c	Accounting . . . . .	110,125		110,125	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	695,378	420,433	191,263	83,682
12	Advertising and promotion . . . . .	584,940	177,189	38,266	369,485
13	Office expenses . . . . .	720,309	182,494	347,117	190,698
14	Information technology . . . . .	2,584,228	1,652,291	918,220	13,717
15	Royalties . . . . .	0			
16	Occupancy . . . . .	1,865,296	1,792,825	66,979	5,492
17	Travel . . . . .	2,160,264	1,810,841	139,837	209,586
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
19	Conferences, conventions and meetings . . . . .	338,125	272,794	53,476	11,855
20	Interest . . . . .	721,597		721,597	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	6,046,918	5,802,294	224,764	19,860
23	Insurance . . . . .	741,016	10,004	731,012	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	FOOD	1,827,046	1,728,280	51,228	47,538
b	SUPPLIES & EQUIPMENT	1,756,504	1,570,223	103,518	82,763
c	ANNUITY	1,731,104	1,329,781	287,313	114,010
d	BOOKSTORE	579,102	579,102		
e	BAD DEBT	163,692	123,604	855	39,233
f	All other expenses	462,482	250,512	119,281	92,689
25	Total functional expenses. Add lines 1 through 24f	74,619,341	59,131,051	11,134,356	4,353,934
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X**    **Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	5,631,206	<b>1</b>	4,875,657
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	16,388,461	<b>3</b>	7,761,472
	<b>4</b> Accounts receivable, net . . . . .	594,109	<b>4</b>	613,102
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .	4,089	<b>5</b>	4,145
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	8,816,555	<b>7</b>	8,702,899
	<b>8</b> Inventories for sale or use . . . . .	391,685	<b>8</b>	350,450
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment—cost basis	<b>10a</b> 199,878,076		
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b> 104,864,206	93,443,260	<b>10c</b> 95,013,870
	<b>11</b> Investments—publicly traded securities . . . . .	436,500,293	<b>11</b>	321,367,775
	<b>12</b> Investments—other securities <i>See Part IV, line 11 Complete Part VII of Schedule D</i> . . . . .	163,065,638	<b>12</b>	145,199,126
	<b>13</b> Investments—program-related <i>See Part IV, line 11 Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets <i>See Part IV, line 11 Complete Part IX of Schedule D</i> . . . . .	31,694,118	<b>15</b>	28,188,682
<b>16</b> <b>Total assets.</b> <i>Add lines 1 through 15 (must equal line 34)</i>	756,529,414	<b>16</b>	612,077,178	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	3,821,826	<b>17</b>	3,577,130
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,564,143	<b>19</b>	2,554,637
	<b>20</b> Tax-exempt bond liabilities . . . . .	20,000,000	<b>20</b>	20,000,000
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	25,275,180	<b>25</b>	22,341,328
	<b>26</b> <b>Total liabilities.</b> <i>Add lines 17 through 25</i> . . . . .	51,661,149	<b>26</b>	48,473,095
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	505,878,212	<b>27</b>	368,249,500
	<b>28</b> Temporarily restricted net assets . . . . .	38,487,833	<b>28</b>	31,228,891
	<b>29</b> Permanently restricted net assets . . . . .	160,502,220	<b>29</b>	164,125,692
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	704,868,265	<b>33</b>	563,604,083
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	756,529,414	<b>34</b>	612,077,178

**Part XI**    **Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	No
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	<b>2c</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization PRINCIPIA CORPORATION	Employer identification number 43-0652667
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>Section 170(b)(1)(A)(i).</b>
2	<input checked="" type="checkbox"/>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H )
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>Section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>Section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>Section 509(a)(4).</b> (See instructions )
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	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	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization'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 <b>Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 <b>Public Support</b> subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a <b>33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10% Facts and Circumstances Test - 2008.</b> 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 <b>stop here.</b> 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 <b>10% Facts and Circumstances Test - 2007.</b> 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 <b>stop here.</b> 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 <b>Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 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		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

Facts and Circumstances Test

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

**Name of the organization**  
PRINCIPIA CORPORATION

**Employer identification number**  
  
43-0652667

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

**Part II**

**Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	551,608,860				
b Contributions . . . . .	10,013,717				
c Investment earnings or losses . . . . .	-102,395,046				
d Grants or scholarships . . . . .	9,614,707				
e Other expenditures for facilities and programs . . . . .	34,063,793				
f Administrative expenses . . . . .	8,808				
g End of year balance . . . . .	415,540,223				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 53 4 %

b

Permanent endowment ▶ 46 6 %

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

No

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		740,991		740,991
b Buildings . . . . .		141,940,045	61,152,093	80,787,952
c Leasehold improvements . . . . .				
d Equipment . . . . .		53,548,384	43,712,113	9,836,271
e Other . . . . .		3,648,656		3,648,656
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				95,013,870

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other DISTRESSED DEBT	15,298,803	F
Other EMERGING COUNTRY DEBT	5,415,527	F
Other PRIVATE EQUITIES	38,349,618	F
Other LIMITED PARTNERSHIPS	5,057,162	F
Other HEDGE FUNDS	80,676,834	F
Other REAL ESTATE	401,182	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )	145,199,126	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
FUNDS HELD IN CUSTODY FOR OTHERS	1,350,085
OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	13,611,682
ASSET RETIREMENT OBLIGATIONS	5,075,395
OTHER	2,304,166
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	22,341,328

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Losses reported on Form 990, Part IX, line 25 . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
DESCRIBE ENDOWMENT USE		THE INTENDED USES OF THE ENDOWMENT FUNDS ARE TO SUPPORT OPERATIONS, PROVIDE STUDENT AID AND OTHER USES AS DIRECTED BY OUR DONORS Principia's endowment provides two-thirds of the funding for its annual expenditures With substantial fixed costs from operating two separate educational institutions (4-year liberal arts college and Pre-K through 12th grade school) and generous institutional financial aid to students, Principia operates under a financial model significantly different than its peers The organization has been blessed over many years by the generosity of its alumni and friends to develop this significant endowment which is overseen and managed by an investment Committee of the Board of Trustees and the office of the Chief Investment Officer Annual spending from the endowment to support Principia's operations is higher than the average for similar schools due to this higher dependence

SCHEDULE E

(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Name of the organization PRINCIPIA CORPORATION	Employer identification number 43-0652667
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	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain Nondiscriminatory policy publicized in the local newspapers and within college and other school catalogues and application materials	3 Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	4a Yes 4b Yes 4c Yes 4d Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges?  b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	5a 5b 5c 5d 5e 5f 5g 5h	No No No No No No No No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 6a or b, please explain using an attached statement	6a 6b	No No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7 Yes	

<b>1</b>	<b>For grantmakers.</b> Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2</b>	<b>For grant makers.</b> Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States		
<b>3</b>	Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed )		

For Paperwork Reduction Act Notice, see the instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2008

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐ ☐  
Use Schedule F-1 if additional space is needed.

[illegible]

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ►



Complete this part to provide the information required in Part I, line 2, and any other additional information.

# Schedule F (Form 990) 2008

**Software ID:**  
**Software Version:**  
**EIN:** 43-0652667  
**Name:** PRINCIPIA CORPORATION

**Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			GOLF TOURNAMENT		0	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts . . . . .	19,760			19,760
Direct Expenses	2	Less Charitable contributions . . . . .	15,380			15,380
	3	Gross revenue (line 1 minus line 2) . . . . .	4,380			4,380
	4	Cash Prizes . . . . .				
	5	Non-cash Prizes . . . . .	370			370
	6	Rent/Facility costs . . . . .				
	7	Other direct expenses . . . . .	12,202			12,202
	8	Direct expense summary Add lines 4 through 7 in column (d) . . . . .				12,572
	9	Net income summary Combine lines 3 and 8 in column (d). . . . .				-8,192

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue . . . . .				
Direct Expenses	2	Cash prizes . . . . .				
	3	Non-cash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

	Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in		
<b>a</b> The organization's facility . . . . .	<b>13a</b>	
<b>b</b> An outside facility . . . . .	<b>13b</b>	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PRINCIPIA CORPORATION

Grants and Other Assistance to Organizations,  
Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public  
Inspection

Employer identification number  
43-0652667

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2

Enter total number of section 501(c)(3) and government organizations . . . . .
- 3

Enter total number of other organizations . . . . .

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
GRANTS & SCHOLARSHIPS	753	13,122,611			

Part IVSupplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.  
See Additional Data Table

Identifier	Return Reference	Explanation
Monitoring Grant Funds		Principia only distributes grant and scholarship funds to students of the School and College who apply through an official financial aid process. All grants and scholarships are applied to the student's Principia account to offset tuition, room, board and fees. All grants and scholarships are from institutional funds and in this fiscal year were awarded to 85% of enrolled students.

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>	<div><div>1b</div><div>Yes</div></div>	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	<div><div>2</div><div>Yes</div></div>	
<div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div><div><div>a</div><div>Receive a severance payment or change of control payment?</div></div><div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div><div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div></div></div>	<div><div>4a</div><div>Yes</div></div> <div><div>4b</div><div></div></div> <div><div>4c</div><div></div></div>	<div><div></div><div>No</div><div>No</div></div>
<div><div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</div><div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div><div><div>a</div><div>The organization?</div></div><div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div></div></div>	<div><div>5a</div><div></div></div> <div><div>5b</div><div></div></div>	<div><div></div><div>No</div><div>No</div></div>
<div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div><div><div>a</div><div>The organization?</div></div><div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div></div>		

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
David John Anable	(i)	145,485	0	49,027	12,475	32,975	239,962	90,209
	(ii)	0	0	0	0	0	0	0
Peter Alan Stevens	(i)	126,057	0	35,210	10,380	5,160	176,807	82,413
	(ii)	0	0	0	0	0	0	0
Marilyn J Wallace	(i)	138,161	0	21,814	11,958	81,175	253,108	71,941
	(ii)	0	0	0	0	0	0	0
Howard E Berner Jr	(i)	137,389	0	20,914	11,780	7,924	178,007	66,890
	(ii)	0	0	0	0	0	0	0
Jonathan W Palmer	(i)	109,247	0	13,483	8,250	49,342	180,322	0
	(ii)	0	0	0	0	0	0	0
Thomas Hoyt Fuller Jr	(i)	85,567	0	35,829	7,866	5,118	134,380	72,741
	(ii)	0	0	0	0	0	0	0
Stuart Jenkins	(i)	158,195	0	98,004	13,044	32,684	301,927	139,897
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							



Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

Part I

Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	VILLAGE OF ELSAH JERSEY COUNTY ILLINOIS	37-6037763		09-01-2005	10,000,000	CONSTRUCTION		X		X
B	VILLAGE OF ELSAH JERSEY COUNTY ILLINOIS	37-6037763		02-01-2006	10,000,000	CONSTRUCTION		X		X

Part II

Proceeds (Optional for 2008)

1		Total Proceeds of Issue	A		B		C		D		E	
2		Gross Proceeds in Reserve Funds										
3		Proceeds in Refunding or Defeasance Escrows										
4		Other Unspent Proceeds										
5		Issuance Costs from Proceeds										
6		Working Capital Expenditures from Proceeds										
7		Capital Expenditures from Proceeds										
8		Year of Substantial Completion										
9		Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10		Were the bonds issued as part of an advance refunding issue?										
11		Has the final allocation of proceeds been made?										
12		Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

				A		B		C		D		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?												
2	Are there any lease arrangements with respect to the financed property which may result in private business use?												

**Part III Private Business Use** *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?										
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?										
<b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
<b>6</b> Total of lines 4 and 5										
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

**Part IV Arbitrage** *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T been filed wth respect to the bond issue?										
<b>2</b> Is the bond issue a variable rate issue?										
<b>3a</b> Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?										
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?										
<b>6</b> Did the bond issue qualify for an exception to rebate?										

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

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Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
  
43-0652667

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Larry Harrison Computer Loan		X	2,608	978		No		No	Yes	
Bruce Preston Computer Loan		X	1,964	1,718		No		No	Yes	
David Cornthwaite Computer Loan		X	2,174	1,449		No		No	Yes	
Total . . . . .				4,145						

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Additional Data

Software ID:  
Software Version:  
EIN: 43-0652667  
Name: PRINCIPIA CORPORATION

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID CORNTHWAITE	SON-IN-LAW OF TRUSTEE	41,131	COMPENSATION & BENEFITS		No
REBECCA ANDREWS	WIFE OF TRUSTEE	21,296	COMPENSATION & BENEFITS		No
ANDREW BERNER	SON OF OFFICER	19,508	COMPENSATION & BENEFITS		No
JAMES BOLLINGER	SON-IN-LAW OF OFFICER	23,595	COMPENSATION & BENEFITS		No
ADRIANE FREDRIKSON	WIFE OF TRUSTEE	46,446	COMPENSATION & BENEFITS		No
MARILYN SUE FULLER	WIFE OF KEY EMPLOYEE	26,433	COMPENSATION & BENEFITS		No
DONNA GIBBS	WIFE OF OFFICER	61,762	COMPENSATION & BENEFITS		No
KRISTYN GIBBS	DAUGHTER OF OFFICER	43,436	COMPENSATION & BENEFITS		No
DOROTHY HALVERSON	SISTER OF OFFICER	88,231	COMPENSATION & BENEFITS		No
MARGARET HARLOW	SISTER OF KEY EMPLOYEE	38,887	COMPENSATION & BENEFITS		No
JANE HARRISON	WIFE OF OFFICER	66,373	COMPENSATION & BENEFITS		No
TERRI JACKSON	WIFE OF OFFICER	67,359	COMPENSATION & BENEFITS		No
GLORIA GLASS PRESTON	SISTER-IN-LAW OF OFFICER	28,576	COMPENSATION & BENEFITS		No
KEITH PRESTON	BROTHER OF OFFICER	62,455	COMPENSATION & BENEFITS		No
REBECCA STEVENS	WIFE OF OFFICER	25,323	COMPENSATION & BENEFITS		No
DAVID C WALLACE	SON OF KEY EMPLOYEE	36,935	COMPENSATION & BENEFITS		No
DAVID S WALLACE	HUSBAND OF KEY EMPLOYEE	54,745	COMPENSATION & BENEFITS		No

SCHEDULE M  
(Form 990)

Non-Cash Contributions

To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .	X	6	3,175	DONOR PROVIDED
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		1,070	DONOR PROVIDED
5 Clothing and household goods . . . . .	X		2,356	DONOR PROVIDED
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	30	249,803	MEAN OF HIGH/LOW
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .	X	2	718,798	TRUSTEE PROVIDED
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	1	250	DONOR PROVIDED
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other (describe DEVELOP DINNER )	X	1	1,353	DONOR PROVIDED
26 Other (describe )				
27 Other (describe )				
28 Other (describe )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

No

b If "Yes", describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

No

b If "Yes", describe in Part II

33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II

## Part II

[illegible]

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

2008

Open to Public Inspection

<b>Name of the organization</b> PRINCIPIA CORPORATION	<b>Employer identification number</b> 43-0652667
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Identifier	Return Reference	Explanation
Audited Financial Statements	990 Pt IV, Line 12 and Part XI, Question 2B	Principia received an unqualified opinion on its audited consolidated financial statements. The organizations's financial statements were audited on a consolidated basis and no separate company audit report is available. Principia has an Audit Committee that is comprised of Board Members. This committee review s the annual audited consolidated statements and communicates with the audit firm.

Identifier	Return Reference	Explanation
Significant Changes Since Prior Year	990 Pt VI, Section A Line 4	Principia's bylaw s were updated in August 2008. The follow ing significant changes were included: 1) increase in possible board members from fifteen to tw enty-tw o; 2) terms were established for three years with a maximum of three full consecutive terms, reelection can occur after a one year hiatus, officers may serve for one additional year after fulfilling their officer term; 3) a trustee can be removed by a vote of tw o-thirds of the trustees versus a majority; 4) chair, vice chair, secretary, and treasurer positions shall all be filled by trustees and shall be elected annually and ordinarily will serve for three consecutive years, but no more than five consecutive years; 5) minimum number of meetings established; 6) standing committees established; and 7) articulated authority of board.

Identifier	Return Reference	Explanation
Preparation and Review	990 Pt VI, Section A Line 10	Information needed to prepare the return was gathered and submitted to KPMG LLP, who then prepared and signed the return to be review ed by management. Follow ing review, the 990 is given to the Audit Committee for review and comment. If changes are needed they are made and then the return is sent to the entire Board prior to electronically submiting it to the IRS.

Identifier	Return Reference	Explanation
Conflict of Interest Policy	990 Pt VI, Section B Line 12a	The institution annually gathers and maintains conflict of interest statements and review s statements that require additional action.

Identifier	Return Reference	Explanation
Whistleblow er Policy	990 Pt VI, Section B Line 13	Principia did not have a w ritten w histle blow er policy as of 06/30/09. How ever, subsequently one has been created and approved for distribution to all employees.

Identifier	Return Reference	Explanation
Compensation Review	990 Pt VI, Section B Line 15	Principia uses a benchmark system where salaries are set after review ing wage data for comparable institutions. This benchmark review process is completed by Human Resources. With respect to officers and key employees, any proposed salary changes are made by Human Resources and review ed/approved by the Chief Executive and the Board if appropriate. With respect to the Chief Executive, salary changes for the Chief Executive are initiated and approved by the Board of Trustees after review ing comparable benchmark data provided by Human Resources or outside consultants. These decisions are documented in Board meeting minutes.

Identifier	Return Reference	Explanation
Public Inspection of Forms	990 Pt VI, Section C Line 18	Principia makes the conflict of interest policy, governing documents and financial statements available to the public upon request. The governing Board bylaw s are posted on Principia's website.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Principia College Comm  13201 Clayton Road St Louis, MO63131 43-1538094	support org	MO	501(c)(3)	11	na
Stichting Fred M van Eck FOUNDATION  Geijserstraat 4 PO Box 315 NL-5750 AH DEURNE NL 30-0012279	Support Org	NL			NA

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
Corest CV  Nobelstraat 1 Oostrum, GA, Netherlands NL-5807 NL	REAL ESTATE L P	NL	NA	N/A				No			No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) STICHTING FRED M VAN ECK FOUNDATION	C	4,130,400
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:

Software Version:

EIN: 43-0652667

Name: PRINCIPIA CORPORATION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
Cordstrap BV Nobelstraat 1 Oostrum, GA, Netherlands NL-5807 NL	R&D & MKTG	NL	na	n/a			
Cordstrap Weaving BV Bosmanskamp 25 Geldermalsen, MS, Netherlands NL-4191 NL	R&D & MFG	NL	NA	N/A			
Cordstrap GmbH Tackweg 41 Tonisvorst, Germany D-47918 GM	MKTG&SALES&DIST	GM	NA	N/A			
Cordstrap (Middle East) Limited Sawides Monarch Center 59-61 Acrop Nicosia, Cyprus 2012 CY	MKTG&SALES&DIST	CY	NA	N/A			
Cordstrap Malaysia Sdn Bhd 20C Jalan 1/64 Off Jalan Kolam A Kuala Lumpur, Malaysia 51200 MY	MKTG&SALES&DIST	MY	NA	N/A			
Cordstrap Mexico SA de CV Col Valle del Campestre Garza Garcia, N L , Mexico 66200 MX	DORMANT	MX	NA	N/A			
Cordstrap Load Securing Systems (Wuxi) C Land C24 Phase 5 A-Park Wuxi, Pepole's Republic of China CH	MFG&MKTG&SALES	CH	NA	N/A			
Cordstrap Hong Kong Ltd Suite F 8/F Tower 2 The Centersta Central Hong Kong, Pepole's Republic of China CH	HOLDING COMPANY	CH	NA	N/A			
Cordstrap Canada Corporation 300 20689 Fraiser Highway Langley, BC, Canada V3A 4G4 CA	MKTG&SALES&DIST	CA	NA	N/A			
Cordstrap Limited Paddock Road West Pimbo Skelmersdale, Lancashire, United Kingdom WN8 9PL UK	MKTG&SALES&DIST	UK	NA	N/A			
Cordstrap Ireland Ltd 41 Percy Place Dublin, Ireland 4 EI	MKTG&SALES&DIST	EI	NA	N/A			
Cordstrap Polska Spz oo Wysogotowo ul Kamienna Prezmierowo, Poland 62-081 PL	MKTG&SALES&DIST	PL	NA	N/A			
Cordstrap Nieruchomosci Spz oo Wysogotowo ul Kamienna Prezmierowo, Poland 62-081 PL	REAL ESTATE	PL	NA	N/A			
SIA Cordstrap Baltic 71 Ganibu Dambis Riga, LV, Lativa 1045 LG	MKTG&SALES&DIST	LG	NA	N/A			
Cordstrap Italia Srl Via Papa Giovanni Paolo 1 422 Uboldo, VA, Italy 21040 IT	MKTG&SALES&DIST	IT	NA	N/A			
Cordstrap Sarl 5-7 Avenue Charles de Gaulle Senlis, France 60300 FR	MKTG&SALES&DIST	FR	NA	N/A			
Cordstrap Espana slui 2 Calle Zuric Sabadell, Barcelona, Spain 08207 SP	MKTG&SALES&DIST	SP	NA	N/A			
Cordstrap Reinforced Tapes BV Nobelstraat1 Oostrum, GA, Netherlands NL-5807 NL	R&D-MFG&MKTG	NL	NA	N/A			
Continental Strap BV Koningshoeven 69 Unit VIII Tilburg, AA, Netherlands NL-5018 NL	MKTG&SALES&DIST	NL	NA	N/A			
The Tooling Company BV Koningshoeven 69 Unit VIII Tilburg, AA, Netherlands NL-5018 NL	MKTG&SALES&DIST	NL	NA	N/A			
Cordstrap South Africa (PTY) Ltd 228a Albert Amon Street Meadowdale Germiston, Gauteng, South Africa 1401 SF	MKTG&SALES&DIST	SF	NA	N/A			
Cordstrap China Ltd Suite F 8/F Tower 2 The Centersta Central Hong Kong, Pepole's Republic of China CH	HOLDING COMPANY	CH	NA	N/A			
Cordstrap Asia Pte Ltd 10 Anson Road 225-08 Interantional Singapore 79903 SN	DORMANT	SN	NA	N/A			
Corest Management BV Nobelstraat 1 Oostrum, GA, Netherlands NL-5807 NL	HOLDING COMPANY	NL	NA	N/A			

TY 2008 Other Deductions Schedule

**Name:** PRINCIPIA CORPORATION

**EIN:** 43-0652667

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
SG&A	48,176	

Additional Data

Software ID:

Software Version:

EIN: 43-0652667

Name: PRINCIPIA CORPORATION

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James H Andrews , Trustee	5 0	X						0	0	0
Helen O Elswit , Vice Chairman	5 0	X		X				0	0	0
William R Hays III , Chairman	5 0	X		X				0	0	0
Janna L Hernholm , Trustee	5 0	X						0	0	0
Catherine A Raffles , Trustee	5 0	X						0	0	0
Julie Sanderude , Trustee	5 0	X						0	0	0
Robert B Schwentker , Secretary	5 0	X		X				0	0	0
Scott C Shivers , Trustee	5 0	X						1,481	0	0
James W Suber , Trustee	5 0	X						0	0	0
Steve Sydness , Treasurer	5 0	X		X				0	0	0
Christopher D Towle , Trustee Part Year	5 0	X						0	0	0
Earl Anthony Wayne , Trustee Part Year	5 0	X						0	0	0
Carol D Worley , Trustee	5 0	X						0	0	0
Allan Marquardt , Trustee Part Year	5 0	X						0	0	0
Hans Fredrikson , Trustee Part Year	5 0	X						0	0	0
WILLIAM J FLATLEY , TRUSTEE	5 0	X						0	0	0
David John Anable , Chief Executive	40 0			X				194,512	0	44,610
Peter Alan Stevens , Assistant Secretary	40 0			X				161,267	0	14,700
Howard E Berner Jr , Chief Investment Officer	40 0			X				158,303	0	17,100
Philip R Riley , Assistant Secretary	40 0			X				120,475	0	17,560
Lawrence Edwin Harrison Jr , Assistant Secretary	40 0			X				111,631	0	22,742
John Bruce Preston , Assistant Secretary	40 0			X				105,792	0	42,562
D Douglas Gibbs , Chief Financial Officer	40 0			X				96,069	0	33,079
Philip Clay Jackson , Assistant Secretary	40 0			X				84,156	0	28,483
Marilyn J Wallace , HEAD OF SCHOOL	40 0				X			159,975	0	83,818
Jonathan W Palmer , College President	40 0				X			122,730	0	48,237
Faith G Paul , ACADEMIC DEAN&COLLEGE FACULTY	40 0					X		101,886	0	11,357
Lee Elgin Fletcher McGookin , DEAN OF STUDENTS	40 0					X		95,342	0	9,762
Stephen G Hinthorne , COLLEGE FACULTY	40 0					X		93,124	0	12,038
Joseph M Ritter , ASST ACAD DEAN & COL FACULTY	40 0					X		90,687	0	31,723

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Pamela Kaye , College Faculty	40 0					X		85,651	0	21,009
Stuart Jenkins , FORMER CHIEF EXECUTIVE	40 0						X	256,199	0	44,888
Thomas Hoyt Fuller Jr , FORMER DEAN OF THE COLLEGE	40 0						X	121,396	0	12,186

**Form 990, Part III, Line 1 - Briefly describe the organization's mission:**

PRINCIPIA'S PRIMARY PURPOSE IS TO SERVE THE CAUSE OF CHRISTIAN SCIENCE AS AN INDEPENDENT EDUCATIONAL INSTITUTION, PROVIDING PRE-KINDERGARTEN THROUGH 12TH GRADE EDUCATION ON ITS CAMPUS IN WEST ST. LOUIS COUNTY, MISSOURI, AND COLLEGE EDUCATION FORTY MILES NORTH OF ST. LOUIS ON BLUFFS OVERLOOKING THE MISSISSIPPI RIVER IN ELSAH, ILLINOIS. PRINCIPIA, ESTABLISHED IN 1898, ACCEPTS NO GOVERNMENT FUNDING AND IS NOT AN ACTIVITY OF THE CHRISTIAN SCIENCE CHURCH. IN THE FALL OF 1897 MARY KIMBALL MORGAN, A CHRISTIAN SCIENTIST, BEGAN HOME-SCHOOLING HER TWO SONS BECAUSE SHE BELIEVED SHE COULD GIVE THEM A FULLER EDUCATION THAN WHAT WAS BEING OFFERED IN THE ST. LOUIS PUBLIC SCHOOLS. THE BASIS FOR MRS. MORGAN'S EDUCATIONAL PHILOSOPHY CAME FROM THE WRITINGS OF MARY BAKER EDDY, THE DISCOVERER AND FOUNDER OF CHRISTIAN SCIENCE. AS OTHER CHRISTIAN SCIENCE PARENTS DISCOVERED THE EDUCATION THE MORGAN BOYS WERE RECEIVING AT HOME, MANY ASKED TO ENROLL THEIR CHILDREN. THE NAME PRINCIPIA, MEANING "FIRST PRINCIPLES,