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<div>Form 990</div> <div></div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</div> <div>The organization may have to use a copy of this return to satisfy state reporting requirements</div>	<div>OMB No 1545-0047</div> <div>2010</div> <div>Open to Public Inspection</div>
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B <div>Check if applicable</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div> <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Terminated</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Application pending</div>	C <div>Name of organization</div> PRINCIPIA CORPORATION <div>Doing Business As</div> <div><div>Number and street (or P O box if mail is not delivered to street address)13201 Clayton Road</div><div>Room/suite</div></div> <div>City or town, state or country, and ZIP + 4 St Louis, MO 63131</div>	D <div>Employer identification number</div> <div>43-0652667</div> <div>E <div>Telephone number</div><div>(314) 434-2100</div><div>G <div>Gross receipts \$ 363,947,430</div></div></div>
	F <div>Name and address of principal officer</div> JONATHAN PALMER 13201 Clayton Road St Louis, MO 63131	H(a) <div>Is this a group return for affiliates?</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div>H(b) <div>Are all affiliates included?</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div>If "No," attach a list (see instructions)</div><div>H(c) <div>Group exemption number</div></div></div>
	I <div>Tax-exempt status</div> <div><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</div>	
	J <div>Website:</div> WWW.PRINCIPIA.EDU	
	K <div>Form of organization</div> <div><input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</div>	L <div>Year of formation</div> 1912

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 checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . .	<b>5</b>	1,539
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	792
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . .	<b>7a</b>	-1,818	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . .	<b>7b</b>	-6,269	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	39,156,657	14,998,517
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	25,402,759	26,427,114
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,272,907	25,672,826
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,143,415	1,476,473
		83,975,738	68,574,930
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	13,040,998	13,834,442
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,542,257	37,696,394
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	111,798
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>4,121,380</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	22,688,142	24,393,071
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	71,271,397	76,035,705
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	12,704,341	-7,460,775
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	674,275,990	738,440,825
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	49,176,725	48,666,902
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	625,099,265	689,773,923

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	<div>Signature of officer</div>			<div>2012-05-15</div> <div>Date</div>	
	<div>D DOUGLAS GIBBS CHIEF FINANCIAL OFFICER</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	<div>Print/Type preparer's name</div>	<div>Preparer's signature</div>	<div>Date</div>	<div>Check if self-employed <input type="checkbox"/></div>	<div>PTIN</div>
	<div>Firm's name KPMG LLP</div>				<div>Firm's EIN</div>
	<div>Firm's address 191 WEST NATIONWIDE BLVD STE 500 COLUMBUS, OH 432152568</div>				<div>Phone no (614) 249-2300</div>
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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

2

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

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?

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 501(c)(4) organizations and section 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 \$ 32,018,235 including grants of \$ 13,834,442 ) (Revenue \$ 18,743,330 )
	INSTRUCTION INSTRUCTION OF APPROXIMATELY 1,008 STUDENTS IN COLLEGE, UPPER SCHOOL, MIDDLE SCHOOL, LOWER SCHOOL AND PRE-SCHOOL
4b	(Code ) (Expenses \$ 12,420,002 including grants of \$ 0 ) (Revenue \$ 7,683,784 )
	AUXILIARY ENTERPRISES INCLUDES FOOD SERVICES, DORMITORY EXPENSES AND BOOKSTORES
4c	(Code ) (Expenses \$ 10,517,120 including grants of \$ 0 ) (Revenue \$ 0 )
	STUDENT SERVICES INCLUDES ADMISSIONS, REGISTRAR, COLLEGE ATHLETICS, OFFICE OF STUDENT LIFE AND HEALTH SERVICES
4d	Other program services (Describe in Schedule O ) See also Additional Data for Description
	(Expenses \$ 6,421,905 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses \$ 61,377,262

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II . . . . .		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		No
9	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? If "Yes," complete Schedule D, Part IV . . . . .		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. 	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . . 	Yes	
15	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 U S ? If "Yes," complete Schedule F, Parts II and IV . . . . .		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV . . . . .		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	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 lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	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> . . . . .	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	831
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	
<b>2a</b>	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.	<b>2a</b>	1,539
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	Yes
<b>b</b>	BR, CA, CH, EZ, FR, GM, IN, EI, IT, LG, MY, MX, NL, PL, SF, SP, AE, UK If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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?		No
3	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, 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		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	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
19	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.
20	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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]



## Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
<b>1b Sub-Total</b>							▲			
<b>c Total from continuation sheets to Part VII, Section A</b>							▲			
<b>d Total (add lines 1b and 1c)</b>							▲	1,915,464	0	421,885

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. 28

		Yes	No
<b>3</b>	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> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 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> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

**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 1 HELMKAMP DRIVE PO BOX 319 WOOD RIVER, IL 62095	SERVICES & GOODS	4,674,919
CENTIMARK CORPORATION PO BOX 360093 PITTSBURGH, PA 15251	SERVICES & GOODS	440,585
HASTINGS & CHIVETTA ARCHITECTS 700 CORPORATE PARK DRIVE STE 400 ST LOUIS, MO 63105	SERVICES	393,668
CLIFFWATER LLC 4640 ADMIRALTY WAY 11TH FLOOR MARINA DEL REY, CA 90292	SERVICES	375,000
WEGMAN ELECTRIC CO PO BOX 438 EAST ALTON, IL 62024	SERVICES & GOODS	325,592
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>120</b>		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a	0			
	b	Membership dues . . . . .	1b	0			
	c	Fundraising events . . . . .	1c	0			
	d	Related organizations . . . . .	1d	6,641,967			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,356,550			
	g	Noncash contributions included in lines 1a-1f \$		78,269			
	h	Total. Add lines 1a-1f . . . . .		14,998,517			
	Program Service Revenue	2a	Business Code				
		TUITION AND FEES	900099	18,743,330	18,743,330		
b		AUXILIARY ENTERPRISES	900099	7,683,784			7,683,784
c							
d							
e							
f		All other program service revenue		0	0	0	0
g		Total. Add lines 2a-2f . . . . .		26,427,114			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .		4,779,008		-27,853
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties . . . . .		26,035		26,035	
	6a	Gross Rents	(i) Real	(ii) Personal			
			712,603				
	b	Less rental expenses	676,751				
	c	Rental income or (loss)	35,852	0			
	d	Net rental income or (loss) . . . . .			35,852		35,852
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			315,578,437	11,130			
	b	Less cost or other basis and sales expenses	294,695,749	0			
	c	Gain or (loss)	20,882,688	11,130			
	d	Net gain or (loss) . . . . .			20,893,818		20,893,818
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . . .			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
b	Less direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . . .			0			
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . .			0			
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue . . . . .			1,414,586	0	0	1,414,586
e	Total. Add lines 11a-11d . . . . .			1,414,586			
12	Total revenue. See Instructions . . . . .			68,574,930	18,743,330	-1,818	34,834,901

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	13,834,442	13,834,442		
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 . . . . .	1,658,928	499,463	652,972	506,493
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	27,688,664	22,345,096	3,342,960	2,000,608
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,599,513	1,316,092	175,056	108,365
9	Other employee benefits . . . . .	4,630,195	3,489,067	798,103	343,025
10	Payroll taxes . . . . .	2,119,094	1,629,729	326,189	163,176
a	Fees for services (non-employees)				
	Management . . . . .	2,466,561	1,912,497	456,250	97,814
b	Legal . . . . .	103,393	33,782	64,965	4,646
c	Accounting . . . . .	238,440		238,440	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	111,798			111,798
f	Investment management fees . . . . .	0			
g	Other . . . . .	1,590,709	1,341,846	230,245	18,618
12	Advertising and promotion . . . . .	550,806	263,292	37,392	250,122
13	Office expenses . . . . .	613,198	71,661	357,417	184,120
14	Information technology . . . . .	991,371	269,544	706,668	15,159
15	Royalties . . . . .	0			
16	Occupancy . . . . .	1,442,555	1,380,780	57,093	4,682
17	Travel . . . . .	2,223,069	1,968,445	105,218	149,406
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	374,234	313,152	39,266	21,816
20	Interest . . . . .	717,446		717,446	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	6,546,857	6,282,008	243,347	21,502
23	Insurance . . . . .	568,849	9,425	559,424	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	FOOD	1,404,491	1,332,361	51,073	21,057
b	SUPPLIES & EQUIPMENT	2,584,051	2,045,845	490,042	48,164
c	BOOKSTORE	338,271	337,864	407	
d	BAD DEBT	851,895	79,807	763,553	8,535
e	OTHER	786,875	621,064	123,537	42,274
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	76,035,705	61,377,262	10,537,063	4,121,380
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .			4,872,101	<b>1</b>	6,610,049
	<b>2</b>	Savings and temporary cash investments . . . . .			0	<b>2</b>	0
	<b>3</b>	Pledges and grants receivable, net . . . . .			14,336,621	<b>3</b>	9,347,256
	<b>4</b>	Accounts receivable, net . . . . .			744,629	<b>4</b>	720,482
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			4,276	<b>5</b>	2,350
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .			0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .			8,909,431	<b>7</b>	9,373,053
	<b>8</b>	Inventories for sale or use . . . . .			372,467	<b>8</b>	329,600
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			0	<b>9</b>	0
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	217,245,799			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	116,947,641	96,274,413	<b>10c</b>	100,298,158
	<b>11</b>	Investments—publicly traded securities . . . . .			337,859,506	<b>11</b>	373,816,728
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			180,752,015	<b>12</b>	206,382,890
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .			0	<b>14</b>	0
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			30,150,531	<b>15</b>	31,560,259
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			674,275,990	<b>16</b>	738,440,825
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .			4,140,719	<b>17</b>	3,788,975
	<b>18</b>	Grants payable . . . . .			0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .			2,962,855	<b>19</b>	2,924,990
	<b>20</b>	Tax-exempt bond liabilities . . . . .			20,000,000	<b>20</b>	19,693,326
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	<b>21</b>	0
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			0	<b>24</b>	0
	<b>25</b>	Other liabilities. Complete Part X of Schedule D . . . . .			22,073,151	<b>25</b>	22,259,611
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			49,176,725	<b>26</b>	48,666,902
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .			363,811,735	<b>27</b>	391,707,695
	<b>28</b>	Temporarily restricted net assets . . . . .			93,040,560	<b>28</b>	120,394,558
	<b>29</b>	Permanently restricted net assets . . . . .			168,246,970	<b>29</b>	177,671,670
	<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 . . . . .			0	<b>30</b>	0
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			0	<b>31</b>	0
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			0	<b>32</b>	0
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .			625,099,265	<b>33</b>	689,773,923
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .			674,275,990	<b>34</b>	738,440,825

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,574,930
2	Total expenses (must equal Part IX, column (A), line 25)	2	76,035,705
3	Revenue less expenses Subtract line 2 from line 1	3	-7,460,775
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	625,099,265
5	Other changes in net assets or fund balances (explain in Schedule O)	5	72,135,431
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	689,773,923

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization PRINCIPIA CORPORATION	Employer identification number 43-0652667
---	--

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First 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 ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. 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 stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total support (Add lines 9, 10c, 11 and 12 )						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 <b>stop here</b> . 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

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</div> <div><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 for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes</div> <div><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 a 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
2a	
2b	
2c	
2d	

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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

1b

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 Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

**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 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 the arrangement 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 . . . . .	444,035,879	415,540,223	551,608,860		
b Contributions . . . . .	9,376,943	5,434,877	10,013,717		
c Investment earnings or losses . . . . .	81,702,818	58,419,423	-102,395,046		
d Grants or scholarships . . . . .	10,438,021	9,289,755	9,614,707		
e Other expenditures for facilities and programs . . . . .	26,918,495	26,066,884	34,063,793		
f Administrative expenses . . . . .	0	2,005	8,808		
g End of year balance . . . . .	497,759,124	444,035,879	415,540,223		

- 2

Provide the estimated percentage of the year end balance held as
- a

Board designated or quasi-endowment ▶ 50 100 %

b

Permanent endowment ▶ 49 900 %

c

Term endowment ▶ 0 %
- 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)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No
- b

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

3b

☐ Yes

☐ No
- 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) Accumulated depreciation	(d) Book value
1a Land . . . . .		740,991		740,991
b Buildings . . . . .		156,637,855	68,598,405	88,039,450
c Leasehold improvements . . . . .				0
d Equipment . . . . .		57,030,738	48,321,899	8,708,839
e Other . . . . .		2,836,215	27,337	2,808,878
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				100,298,158



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)	168,574,930
2	Total expenses (Form 990, Part IX, column (A), line 25)	276,035,705
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-7,460,775
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)	80
9	Total adjustments (net) Add lines 4 - 8	90
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-7,460,775

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) . . . . .2d0	
e	Add lines 2a through 2d . . . . .	2e0
3	Subtract line 2e from line 1 . . . . .	30
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) . . . . .4b0	
c	Add lines 4a and 4b . . . . .	4c0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	50

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	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d0	
e	Add lines 2a through 2d . . . . .	2e0
3	Subtract line 2e from line 1 . . . . .	30
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) . . . . .4b0	
c	Add lines 4a and 4b . . . . .	4c0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	50

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 IV, 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	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.
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE CORPORATION HAS ADOPTED ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF HOW TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER ASC 740, THE CORPORATION MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, ACCOUNTING IN INTERIM PERIODS AND REQUIRES INCREASED DISCLOSURE. AS OF JUNE 30, 2011, THE CORPORATION DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,  
or Form 990-EZ, Part VI, line 48.  
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number

43-0652667

Part I

- 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?
- 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?
- 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 If you need more space use Part II

- 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, use Part II

- 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, use Part II

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 line 6a or line 6b, explain on Part II

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," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a		No
6b		No
7	Yes	

**Part III**   **Supplemental Information**

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE F  
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	20,000
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	274,000
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	273,000
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	2,000
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	5,000
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	3,000
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	252,000
SOUTH ASIA	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	48,000
SUB SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	31,000
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PASSIVE INVESTMENTS		100,185,284
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PASSIVE INVESTMENTS		1,936,937
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PASSIVE INVESTMENTS		1,601,128
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			104,631,349



**1**

**(i) Method of valuation**  
(book, FMV, appraisal, other)

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

## Part III

**(a) Type of grant or assistance**

**(b) Region**

(c) Number of recipients

**(d)** Amount of cash grant

**(e) Manner of cash disbursement**

(f) Amount of non-cash assistance

**(g) Description  
of non-cash  
assistance**

**(h)** Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☒ Yes ☐ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☒ Yes ☐ No

**Additional Data**

**Software ID:** 10000128  
**Software Version:** v2010.1.0  
**EIN:** 43-0652667  
**Name:** PRINCIPIA CORPORATION

---

**Part V**   **Supplemental Information**  
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

---



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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .			
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .			
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			

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.

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

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? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a

The organization's facility

13a

b

An outside facility

13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c

If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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 ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
STATE REGISTRATION	SCHEDULE G, PART I, LINE 3	AS OF 6/30/11, PRINCIPIA IS IN THE PROCESS OF REGISTERING IN ALL STATES WHERE AN EXEMPT STATUS DOES NOT EXIST PROFESSIONAL FUNDRAISING CONTRIBUTIONS HAVE ONLY BEEN SOLICITED FROM STATES WHERE PRINCIPIA IS REGISTERED OR EXEMPT

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 United States

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

OMB No 1545-0047

2010

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" to 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
(1) GRANTS & SCHOLARSHIPS	812	13,834,442			

**Part IV**

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

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	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 81% OF ENROLLED STUDENTS

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

Part I

Questions Regarding Compensation

		Yes	No
1a	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><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>		
b	If any of the boxes in line 1a are 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	1b	Yes
2	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?	2	Yes
3	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><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>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	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		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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) Retirement and other 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 reportable compensation				
(1) JONATHAN W PALMER	(i)	254,000	0	4,505	13,864	53,778	326,147	0
	(ii)	0	0	0	0	0	0	0
(2) HOWARD E BERNER JR	(i)	197,500	0	1,231	12,189	6,811	217,731	0
	(ii)	0	0	0	0	0	0	0
(3) PETER ALAN STEVENS	(i)	148,670	0	914	9,420	5,178	164,182	0
	(ii)	0	0	0	0	0	0	0
(4) JOHN BRUCE PRESTON	(i)	116,646	0	2,244	7,572	25,746	152,208	0
	(ii)	0	0	0	0	0	0	0
(5) MARILYN J WALLACE	(i)	165,249	0	7,000	10,500	77,636	260,385	0
	(ii)	0	0	0	0	0	0	0
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Travel for companions	Schedule J, Part I, Line 1a	OCCASIONALLY A SPOUSE MAY TRAVEL WITH THE CHIEF ADVANCEMENT OFFICER, COLLEGE PRESIDENT, OR HEAD OF SCHOOL WHEN THE SPOUSE'S PRESENCE BENEFITS PRINCIPIA. THE SPOUSE ASSISTS THE EMPLOYEE WITH BUSINESS RELATED ACTIVITIES AND INTERACTS WITH POTENTIAL DONORS. THE VALUE OF THIS TRAVEL IS NOT INCLUDED IN THE EMPLOYEE'S TAXABLE COMPENSATION BECAUSE THE TRAVEL OCCURS FOR PRINCIPIA'S BENEFIT.
Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a	OCCASIONALLY BENEFITS ARE GROSSED UP. THIS TREATMENT HAPPENS CONSISTENTLY ACROSS THE INSTITUTION REGARDLESS OF THE EMPLOYEE'S COMPENSATION LEVEL AND IS TREATED AS TAXABLE INCOME.
Housing allowance or residence for personal use	Schedule J, Part I, Line 1a	THE COLLEGE PRESIDENT AND HEAD OF SCHOOL ARE REQUIRED TO LIVE ON THE COLLEGE AND SCHOOL CAMPUS. THEIR RESIDENCES ARE REGULARLY USED TO HOST STUDENT ACTIVITIES AND MEETINGS AND HOST EMPLOYEE AND DONOR EVENTS.
Personal services	Schedule J, Part I, Line 1a	THE COLLEGE PRESIDENT AND HEAD OF SCHOOL ARE REQUIRED TO LIVE ON THE COLLEGE AND SCHOOL CAMPUS. THEIR RESIDENCES ARE REGULARLY USED TO HOST STUDENT ACTIVITIES AND MEETINGS AND HOST EMPLOYEE AND DONOR EVENTS. AS A RESULT, OUR FACILITIES DEPARTMENT PROVIDES HOUSEKEEPING SERVICES TO BOTH RESIDENCES.

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2010
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization PRINCIPIA CORPORATION	Employer identification number 43-0652667
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Part I

Bond Issues

(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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A VILLAGE OF ELSAH JERSEY COUNTY ILLINOIS	37-6037763		09-01-2005	10,000,000	CONSTRUCTION		X		X		X
B VILLAGE OF ELSAH JERSEY COUNTY ILLINOIS	37-6037763		02-01-2006	10,000,000	CONSTRUCTION		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	153,337		153,337					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	10,301,421		10,244,165					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrow	0		0					
7	Issuance costs from proceeds	98,217		50,896					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	10,301,421		10,244,165					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2007		2008					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
		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?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	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?		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	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 section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X		X					
b	Name of provider	BANK OF AMERICA		BANK OF AMERICA					
c	Term of hedge	30 0		30 0					
d	Was the hedge superintegrated?	X		X					
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC	0 0		0 0					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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).  
Complete if the organization 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.  
Complete if the organization 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
(1) DONNA GIBBS	X		3,423	1,685		No	Yes		Yes	
(2) DOUGLAS GIBBS	X		3,065	2,350		No	Yes		Yes	
(3) DOROTHY HALVERSON	X		2,634	702		No	Yes		Yes	
Total . . . . . ▶ \$				4,737						

Part III

Grants or Assistance Benefitting Interested Persons.  
Complete if the organization 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.**  
Complete if the organization 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

Part V

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

Identifier	Return Reference	Explanation
GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS	SCHEDULE L, PART III	FINANCIAL AID AND SCHOLARSHIPS ARE AVAILABLE FOR ALL ENROLLED STUDENTS WHO QUALIFY, INCLUDING STUDENTS OF OFFICERS, KEY EMPLOYEES, AND TRUSTEES



Additional Data

Software ID: 10000128  
Software Version: v2010.1.0  
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
REBECCA ANDREWS	WIFE OF TRUSTEE	23,253	COMPENSATION & BENEFITS		No
JAMES BOLLINGER	SON-IN-LAW OF TRUSTEE	31,445	COMPENSATION & BENEFITS		No
DONNA GIBBS	WIFE OF OFFICER	60,761	COMPENSATION & BENEFITS		No
DOROTHY HALVERSON	SISTER OF OFFICER	94,841	COMPENSATION & BENEFITS		No
MARGARET HARLOW	SISTER OF KEY EMPLOYEE	42,549	COMPENSATION & BENEFITS		No
JANE HARRISON	WIFE OF OFFICER	72,876	COMPENSATION & BENEFITS		No
TERRI JACKSON	WIFE OF OFFICER	72,159	COMPENSATION & BENEFITS		No
KEITH PRESTON	BROTHER OF OFFICER	57,960	COMPENSATION & BENEFITS		No
REBECCA STEVENS	WIFE OF OFFICER	47,130	COMPENSATION & BENEFITS		No
DAVID C WALLACE	SON OF KEY EMPLOYEE	33,829	COMPENSATION & BENEFITS		No
DAVID S WALLACE	HUSBAND OF KEY EMPLOYEE	56,202	COMPENSATION & BENEFITS		No
ADRIANE FREDRIKSON	WIFE OF TRUSTEE	38,693	COMPENSATION & BENEFITS		No

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		2,344	DONOR PROVIDED
5 Clothing and household goods . . . . .	X		2,020	DONOR PROVIDED
6 Cars and other vehicles .				
7 Boats and planes . . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	21	864,957	MEAN OF HIGH/LOW
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests .				
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	29	68,052	DONOR PROVIDED
19 Food inventory . . . . .				
20 Drugs and medical supplies				
21 Taxidermy . . . . .				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ( MISCELLANEOUS )	X	285	5,853	DONOR PROVIDED
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				
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	0
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? . . . . .				Yes 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?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .				Yes
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 III

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third parties used to solicit, process, or sell noncash contributions	Schedule M, Part I, Line 32a	PRINCIPIA CORPORATION ENGAGED A THIRD PARTY TO SELL ARTWORK DURING THE YEAR ENDING 06/30/2011
NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I	WHEN POSSIBLE, NUMBER OF CONTRIBUTIONS REFLECTS THE NUMBER OF ITEMS RECEIVED WHEN A QUANTITY IS NOT AVAILABLE, THE VALUE RELECTS THE NUMBER OF DONORS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	OTHER OTHER SERVICES, INCLUDING ACADEMIC SUPPORT LIBRARIES LIBRARIES ON COLLEGE AND SCHOOL CAMPUS TO SUPPORT INSTRUCTIONAL ACTIVITIES

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION CONTINUED	FORM 990, PART III, LINE 1	<p>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," WAS CHOSEN IN 1898, THE FIRST HIGH SCHOOL GRADUATION WAS IN 1906, THE FIRST JUNIOR-COLLEGE GRADUATION IN 1912, AND THE FIRST COLLEGE GRADUATION IN 1934 PRINCIPIA'S PRIMARY PURPOSE IS TO SERVE THE CAUSE OF CHRISTIAN SCIENCE AS AN EDUCATIONAL INSTITUTION - NOT THROUGH TEACHING THE THEOLOGY OF CHRISTIAN SCIENCE, BUT THROUGH PROVIDING PROGRAMS WHICH WILL ALLOW ITS STUDENTS TO GROW INTELLECTUALLY, ATHLETICALLY, SOCIALLY, MORALLY, AND SPIRITUALLY WITH THE SUPPORT AND EXAMPLE OF FELLOW STUDENTS, FACULTY AND STAFF PRINCIPIA STRIVES TO TRAIN ITS STUDENTS "TO THINK CLEARLY, VIGOROUSLY, FEARLESSLY, TOLERANTLY, UNSELFISHLY " TEACHING AT PRINCIPIA ALSO "EMPHASIZES THE POINT OF VIEW THAT EDUCATION CARRIES WITH IT THE OBLIGATION TO USE TECHNICAL SKILLS AND INTELLECTUAL ATTAINMENTS FOR THE BETTERMENT OF HUMANITY " PRINCIPIA "TAKES THE POSITION THAT EDUCATION IN ITS FULLEST SENSE CANNOT BE CONFINED TO ACADEMIC SUBJECTS BUT INCLUDES THE BUILDING OF CHARACTER" (FROM PURPOSE AND POLICIES OF THE PRINCIPIA) ST LOUIS FACTS PRE-SCHOOL, LOWER SCHOOL, MIDDLE SCHOOL, UPPER SCHOOL LOCATED IN THE WESTERN SUBURBS OF ST LOUIS, PRINCIPIA, A COED BOARDING SCHOOL FOR CHRISTIAN SCIENTISTS, IS NESTLED ON A 360-ACRE CAMPUS OF ROLLING HILLS, WOODS, FIELDS, AND PONDS FROM THE ACORN PROGRAM FOR INFANTS AND TODDLERS, THROUGH THE UPPER SCHOOL, PRINCIPIA PROVIDES EACH LEVEL WITH DISTINCT FACILITIES, PROGRAMS, AND STAFF YET ALL STRIVE TO PROVIDE AN ATMOSPHERE OF RECOGNITION, APPRECIATION, AND ENCOURAGEMENT FOR EACH CHILD THE UPPER SCHOOL IS A TRUE COLLEGE PREPARATORY PROGRAM, AND ITS GRADUATES CONTINUE THEIR EDUCATION AT TOP NATIONAL AND INTERNATIONAL COLLEGES, INCLUDING PRINCIPIA COLLEGE COLLEGE FACTS PRINCIPIA COLLEGE, ELSAH, ILLINOIS FORTY MILES NORTH OF ST LOUIS, THE 2,600-ACRE PRINCIPIA COLLEGE CAMPUS IS LOCATED ON LIMESTONE BLUFFS ABOVE THE MISSISSIPPI RIVER IN JERSEY COUNTY, ILLINOIS THE CURRICULUM OFFERS MEN AND WOMEN OVER 600 COURSES IN 29 REGULAR ACADEMIC MAJORS LEADING TO EITHER A BACHELOR OF ARTS OR BACHELOR OF SCIENCE DEGREE THE RATIO OF STUDENTS TO FULL-TIME FACULTY IS EIGHT TO ONE. PRINCIPIA COLLEGE HAS BEEN DESIGNATED A NATIONAL HISTORIC LANDMARK FOR HAVING THE NATION'S LARGEST COLLECTION OF BUILDINGS BY THE DISTINGUISHED CALIFORNIA ARCHITECT BERNARD MAYBECK IT IS THE ONLY COLLEGE IN THE WORLD WHERE ALL FACULTY, STAFF, AND STUDENTS ARE CHRISTIAN SCIENTISTS AND NATIONAL PUBLICATIONS RECOGNIZE IT AS ONE OF THE TOP LIBERAL ARTS SCHOOLS IN THE MIDWEST IT ENROLLS STUDENTS FROM ACROSS THE UNITED STATES AND TWENTY-FIVE OTHER COUNTRIES GRADUATES GO ON TO EARN MBAS, LAW DEGREES, AND OTHER POST-GRADUATE DEGREES AT TOP SCHOOLS AROUND THE WORLD PRINCIPIA ALUMNI LIVE IN 58 COUNTRIES, AND THEY SERVE WITH DISTINCTION IN A WIDE RANGE OF BUSINESS, GOVERNMENT, AND NON-PROFIT ACTIVITIES</p>

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11a	AFTER PRINCIPIA'S CONTROLLER PREPARES THE 990 RETURN, PRINCIPIA'S CHIEF FINANCIAL OFFICER AND KPMG REVIEW THE RETURN THEN 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 SUBMITTING IT TO THE IRS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	THE INSTITUTION ANNUALLY GATHERS AND MAINTAINS CONFLICT OF INTEREST STATEMENTS AND REVIEWS STATEMENTS THAT REQUIRE ADDITIONAL ACTION

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	PRINCIPIA USES A BENCHMARK SYSTEM WHERE ANNUALLY SALARIES ARE SET AFTER REVIEWING WAGE DATA FOR COMPARABLE INSTITUTIONS. THIS BENCHMARK REVIEW PROCESS IS COMPLETED BY HUMAN RESOURCES. WITH RESPECT TO THE CHIEF EXECUTIVE, ANNUAL SALARY CHANGES FOR THE CHIEF EXECUTIVE ARE INITIATED AND APPROVED BY THE BOARD OF TRUSTEES AFTER REVIEWING COMPARABLE BENCHMARK DATA PROVIDED BY HUMAN RESOURCES OR OUTSIDE CONSULTANTS. THESE DECISIONS ARE DOCUMENTED IN BOARD MEETING MINUTES.



Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	PRINCIPIA USES A BENCHMARK SYSTEM WHERE ANNUALLY SALARIES ARE SET AFTER REVIEWING WAGE DATA FOR COMPARABLE INSTITUTIONS. THIS BENCHMARK REVIEW PROCESS IS COMPLETED BY HUMAN RESOURCES. WITH RESPECT TO OFFICERS AND KEY EMPLOYEES, ANY PROPOSED ANNUAL SALARY CHANGES ARE MADE BY HUMAN RESOURCES AND REVIEWED/APPROVED BY THE CHIEF EXECUTIVE AND THE BOARD IF APPROPRIATE.

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	PRINCIPIA MAKES THE CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE GOVERNING BOARD BY LAWS ARE POSTED ON PRINCIPIA'S WEBSITE

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 68762361, PRIOR PERIOD ADJUSTMENTS - 0, CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 3373070,

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(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
(1) PRINCIPIA HOLDINGS LLC 13201 CLAYTON ROAD ST LOUIS, MO 63131	INVESTING	MO	61,587	729,128	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) PRINCIPIA COLLEGE COMMUNICATIONS  13201 CLAYTON ROAD  ST LOUIS, MO 63131 43-1538094	SUPPORTING ORGANIZATION	MO	501(C)(3)	11	N/A		No
(2) STICHTING FRED M VAN ECK FOUNDATION	SUPPORTING ORGANIZATION	NL		N/A	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) COREST CV  NOBELSTRAAT 1 NL-5807      NL-5807 NL	REAL ESTATE	NL	NA					No			No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) STICHTING FRED M VAN ECK FOUNDATION	C	6,641,967	FUNDS RECEIVED VIA WIRE TRANSFER
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
IDENTIFICATION OF RELATED TAX EXEMPT ORGANIZATIONS	SCHEDULE R, PART II	THE STICHTING FRED M VAN ECK FOUNDATION IS AN EXEMPT ENTITY ORGANIZED IN THE NETHERLANDS IT HAS NO U S SOURCED INCOME AND NO U S FILING REQUIREMENT



Software ID: 10000128

Software Version: v2010.1.0

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 NL-5807 NL	R&D & MKTG	NL	NA				
CORDSTRAP WEAVING BV BOSMANSKAMP 25 GELDERMALSEN, MS NL-4191 NL	R&D & MFG	NL	NA				
CORDSTRAP GMBH TACKWEG 41 TONISVORST D-47918 GM	MKTG&SALES&DI	GM	NA				
CORDSTRAP (MIDDLE EAST) LIMITED SAWIDES MONARCH CENTER ACROP 2012 NICOSIA 59-61 CY	MKTG&SALES&DI	CY	NA				
CORDSTRAP MALAYSIA SDN BHD 20C JALAN 1/64 OFF JALAN KOLAM AI KUALA LUMPUR 5120 MY	MKTG&SALES&DI	MY	NA				
CORDSTRAP MEXICO SA DE CV COL VALLE DEL CAMPESTRE GARZA GARCIA, N L 66200 MX	MKTG&SALES&DI	MX	NA				
CORDSTRAP LOAD SECURING SYSTEMS (WUXI) C LAND C24 PHASE 5 A-PARK WUXI CH	MFG&MKTG&SALE	CH	NA				
CORDSTRAP HONG KONG LTD STE F 8FTW 2 CENTERSTA CNTRL HONG KONG CH	HOLDING COMPANY	CH	NA				
CORDSTRAP CANADA CORPORATION 30020689 FRAISER HY V3A 4G4 LANGLEY BRITISH COLUMBIA CA	MKTG&SALES&DI	CA	NA				
CORDSTRAP LIMITED PADDOCK RD W PIMBO WN8 9PL SKELMERSDALE, LANCASHIRE UK	MKTG&SALES&DI	UK	NA				
CORDSTRAP IRELAND LTD 41 PERCY PLACE 4 DUBLIN EI	MKTG&SALES&DI	EI	NA				
CORDSTRAP POLSKA SPZ OO WYSOGOTOWO UL KAMIENNA PREZMIEROWO 62-081 PL	MKTG&SALES&DI	PL	NA				
CORDSTRAP NIERUCHOMOSCI SPZ WYSOGOTOWO UL KAMIENNA PREZMIEROWO 62-081 PL	REAL ESTATE	PL	NA				
SIA CORDSTRAP BALTIC 71 GANIBU DAMBIS RIGA, LV 1045 LG	MKTG&SALES&DI	LG	NA				
CORDSTRAP ITALIA SRL VIA PAPA GIOVANNI PAOLO 1 422 UBOLDO, VA 21040 IT	MKTG&SALES&DI	IT	NA				
CORDSTRAP SARL 5-7 AVENUE CHARLES DE GAULLE SENLIS 60300 FR	MKTG&SALES&DI	FR	NA				
CORDSTRAP ESPANA SLU 2 CALLE ZURIC SABADELL BARCELONA 8207 SP	MKTG&SALES&DI	SP	NA				
CORDSTRAP REINFORCED TAPES B NOBELSTRAAT1 OOSTRUM, GA NL-5807 NL	R&D- MFG&MKTG	NL	NA				
CONTINENTAL STRAP BV KONINGSHOEVEN 69 UNIT VIII TILBURG, AA NL-5018 NL	MKTG&SALES&DI	NL	NA				
THE TOOLING COMPANY BV KONINGSHOEVEN 69 UNIT VIII TILBURG, AA NL-5018 NL	MKTG&SALES&DI	NL	NA				

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 SOUTH AFRICA (PTY) 228A ALBERT AMON STREET MEADOWDALE GERMISTON, GAUTE 1401 SF	MKTG&SALES&DI	SF	NA				
CORDSTRAP CHINA LTD STE F 8/F TW 2 THE CENTERSTA CTRL HONG KONG CH	HOLDING COMPANY	CH	NA				
CORDSTRAP ASIA PTE LTD 10 ANSON ROAD 225-08 INTERNATIONAL 7990 SN	DORMANT	SN	NA				
COREST MANAGEMENT BV NOBELSTRAAT 1 OOSTRUM, GA NL-5807 NL	HOLDING COMPANY	NL	NA				
CORDSTRAP INDIA PRIVATE LIMITED LV-5 TECH PK-1 AIRPORT RD YERWADA PUNE - 411006 IN	MKTG&SALES&DI	IN	NA				
CORDSTRAP DO BRASIL RUA AFONSO PENA 81 CACHOEIRINHA - RS BR	MKTG&SALES&DI	BR	NA				
CORDSTRAP SRO JAKUBSKA 2 PRAHA 1, 11000 EZ	MKTG&SALES&DI	EZ	NA				
CORDSTRAP MEXICO SERVICIOS COL VALLE DEL CAMPESTRE GARZA GARCIA, N L 66200 MX	MKTG&SALES&DI	MX	NA				

Additional Data

Software ID: 10000128

Software Version: v2010.1.0

EIN: 43-0652667

Name: PRINCIPIA CORPORATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
STEVE K SYDNESS CHAIRMAN	5	X		X				0	0	0
HELEN O ELSWIT VICE CHAIRMAN	5	X		X				0	0	0
CATHERINE A RAFFLES SECRETARY	5	X		X				0	0	0
ROBERT B SCHWENTKER TREASURER	5	X		X				0	0	0
DAVID J ANABLE TRUSTEE	5	X						0	0	0
JAMES H ANDREWS TRUSTEE	5	X						0	0	0
WILLIAM FLATLEY TRUSTEE	5	X						0	0	0
HANS FREDRIKSON TRUSTEE	5	X						6,000	0	0
WILLIAM R HAYS III TRUSTEE	5	X						0	0	0
JANNA HERNHOLM TRUSTEE	5	X						0	0	0
ALLAN MARQUARDT TRUSTEE	5	X						0	0	0
JULIE SANDERUDE TRUSTEE	5	X						0	0	0
JAMES SUBER TRUSTEE	5	X						0	0	0
CAROL D WORLEY TRUSTEE	5	X						0	0	0
SCOTT C SHIVERS TRUSTEE	5	X						830	0	0
JONATHAN W PALMER CHIEF EXECUTIVE & COLLEGE PRES	40			X				258,505	0	67,642
HOWARD E BERNER JR CHIEF INVESTMENT OFFICER	40			X				198,731	0	19,000
PETER ALAN STEVENS ASSISTANT SECRETARY	40			X				149,584	0	14,598
PHILIP R RILEY ASSISTANT SECRETARY	40			X				120,752	0	16,829
JOHN BRUCE PRESTON ASSISTANT SECRETARY	40			X				118,890	0	33,318
D DOUGLAS GIBBS CHIEF FINANCIAL OFFICER	40			X				109,352	0	13,654
LAWRENCE EDWIN HARRISON JR ASSISTANT SECRETARY	40			X				101,002	0	30,635
PHILIP CLAY JACKSON ASSISTANT SECRETARY	40			X				83,769	0	9,767
GLENN W WILLIAMS ASSISTANT SECRETARY	40			X				66,083	0	6,591
MARILYN J WALLACE HEAD OF SCHOOL	40				X			172,249	0	88,136

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
SCOTT SCHNEBERGER DEAN OF ACADEMICS	40					X		135,279	0	11,781
JOSEPH M RITTER ASSOCIATE DEAN OF ACADEMICS	40					X		111,126	0	33,011
BRIAN MCCAULEY DEAN OF ENROLLMENT MANAGEMENT	40					X		98,080	0	24,125
EDWARD MCCARTY ADVANCEMENT OFFICER	40					X		91,732	0	27,985
GRETCHEN A NEWBY MARKETING DIRECTOR	40					X		93,500	0	24,813

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code )	(Expenses \$	4,692,393	including grants of \$	(Revenue \$ )
OTHER OTHER SERVICES, INCLUDING ACADEMIC SUPPORT				
(Code )	(Expenses \$	1,729,512	including grants of \$	(Revenue \$ )
LIBRARIES LIBRARIES ON COLLEGE AND SCHOOL CAMPUS TO SUPPORT INSTRUCTIONAL ACTIVITIES				