




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2011 Open to Public Inspection
---	--	---

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PRINCIPIA CORPORATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 13201 Clayton Road City or town, state or country, and ZIP + 4 St Louis, MO 63131	D Employer identification number 43-0652667
		E Telephone number (314) 434-2100
		G Gross receipts \$ 404,161,296
	F Name and address of principal officer JONATHAN PALMER 13201 Clayton Road St Louis, MO 63131	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PRINCIPIA.EDU		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1912
		M State of legal domicile MO

Part I		Summary	
Activities & Governance	1 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		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,533
	6 Total number of volunteers (estimate if necessary)	6	558
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,025,547
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,040,212
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,998,517	16,132,524
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,427,114	27,073,230
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,672,826	20,875,183
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,476,473	2,059,041
		68,574,930	66,139,978
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,834,442	14,673,222
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	37,696,394	37,600,457
	16a Professional fundraising fees (Part IX, column (A), line 11e)	111,798	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>4,251,682</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	24,393,071	24,164,549
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	76,035,705	76,438,228
	19 Revenue less expenses Subtract line 18 from line 12	-7,460,775	-10,298,250
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	738,440,825	707,408,084
	21 Total liabilities (Part X, line 26)	48,666,902	51,105,534
	22 Net assets or fund balances Subtract line 21 from line 20	689,773,923	656,302,550

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	Signature of officer		2013-05-10 Date	
	D DOUGLAS GIBBS CHIEF FINANCIAL OFFICER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00294881
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 191 WEST NATIONWIDE BLVD STE 500 COLUMBUS, OH 432152568		EIN ▶ 13-5565207
				Phone no ▶ (614) 249-2300
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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 32,962,919 including grants of \$ 14,673,222) (Revenue \$ 19,187,045)
	INSTRUCTION INSTRUCTION OF APPROXIMATELY 962 STUDENTS IN COLLEGE, UPPER SCHOOL, MIDDLE SCHOOL, LOWER SCHOOL AND PRE-SCHOOL
4b	(Code) (Expenses \$ 12,655,846 including grants of \$ 0) (Revenue \$ 7,886,185)
	AUXILIARY ENTERPRISES INCLUDES FOOD SERVICES, DORMITORY EXPENSES AND BOOKSTORES
4c	(Code) (Expenses \$ 10,345,439 including grants of \$ 0) (Revenue \$ 0)
	STUDENT SERVICES INCLUDES ADMISSIONS, REGISTRAR, COLLEGE ATHLETICS, OFFICE OF STUDENT LIFE AND HEALTH SERVICES
	(Code) (Expenses \$ 4,672,390 including grants of \$ 0) (Revenue \$ 0)
	OTHER OTHER SERVICES, INCLUDING ACADEMIC SUPPORT
	(Code) (Expenses \$ 1,608,845 including grants of \$ 0) (Revenue \$ 0)
	LIBRARIES LIBRARIES ON COLLEGE AND SCHOOL CAMPUS TO SUPPORT INSTRUCTIONAL ACTIVITIES

4d

Other program services (Describe in Schedule O)

(Expenses \$ 6,281,235 including grants of \$ 0) (Revenue \$ 0)

4e

Total program service expenses \$ 62,245,439

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 instructions)?	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	Section 501(c)(3) organizations. 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 for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	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, Part 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, Part 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.		No
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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

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 questions 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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	Yes	
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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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>	35b	Yes	
36	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	951			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,533			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes			
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.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	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?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	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?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

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	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did 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	
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) CATHERINE A RAFFLES VICE CHAIR & SECRETARY (PARTIAL YEAR)	5 00	X		X				0	0	0
(2) HELEN O ELSWIT VICE CHAIRMAN (PARTIAL YEAR)	5 00	X		X				0	0	0
(3) JANNA LOWE HERNHOLM SECRETARY (PARTIAL YEAR)	5 00	X		X				0	0	0
(4) ROBERT B SCHWENTKER TREASURER	5 00	X		X				0	0	0
(5) STEVEN K SYDNESS CHAIRMAN	5 00	X		X				0	0	0
(6) ALLAN MARQUARDT TRUSTEE	5 00	X						0	0	0
(7) CAROL D WORLEY TRUSTEE	5 00	X						0	0	0
(8) DAVID J ANABLE TRUSTEE	5 00	X						0	0	0
(9) HANS FREDRIKSON TRUSTEE	5 00	X						0	0	0
(10) JAMES H ANDREWS TRUSTEE	5 00	X						0	0	0
(11) JAMES SUBER TRUSTEE	5 00	X						0	0	0
(12) JOHN D FRIBORG TRUSTEE	5 00	X						0	0	0
(13) JULIE SANDERUDE TRUSTEE	5 00	X						0	0	0
(14) MERIDEE K OLSEN TRUSTEE	5 00	X						0	0	0
(15) WILLIAM FLATLEY TRUSTEE	5 00	X						0	0	0
(16) D DOUGLAS GIBBS CHIEF FINANCIAL OFFICER	40 00			X				113,871	0	16,239
(17) EDWARD MCCARTY ASSISTANT SECRETARY	40 00			X				95,152	0	32,296

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) GLENN W WILLIAMS ASSISTANT SECRETARY	40 00			X				182,541	0	28,534
(19) HOWARD E BERNER JR CHIEF INVESTMENT OFFICER	40 00			X				218,092	0	23,003
(20) JOHN BRUCE PRESTON ASSISTANT SECRETARY	40 00			X				136,804	0	33,592
(21) JONATHAN W PALMER CHIEF EXECUTIVE & COLLEGE PRES	40 00			X				266,930	0	76,241
(22) LAWRENCE EDWIN HARRISON JR ASSISTANT SECRETARY	40 00			X				98,590	0	31,546
(23) PETER ALAN STEVENS ASSISTANT SECRETARY	40 00			X				159,221	0	17,496
(24) PHILIP R RILEY ASSISTANT SECRETARY	40 00			X				66,624	0	8,079
(25) MARILYN J WALLACE HEAD OF SCHOOL	40 00				X			180,998	0	78,932
(26) BRIAN MCCAULEY DEAN OF ENROLLMENT MANAGEMENT	40 00					X		95,985	0	27,118
(27) GRETCHEN A NEWBY MARKETING DIRECTOR	40 00					X		93,813	0	25,465
(28) JOSEPH M RITTER ASSOCIATE DEAN OF ACADEMICS	40 00					X		114,308	0	36,539
(29) SARA THORNDIKE CONTROLLER	40 00					X		86,729	0	32,938
(30) SCOTT SCHNEBERGER DEAN OF ACADEMICS	40 00					X		137,914	0	15,839
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,047,572	0	483,857

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **29**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	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>	4 Yes	
5	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>	5	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HELMKAMP CONSTRUCTION CO 1 HELMKAMP DRIVE PO BOX 319 WOOD RIVER, IL 62095	SERVICES & GOODS	3,297,200
KANE MECHANICAL INC 170 EAST ALTON AVENUE EAST ALTON, IL 62024	SERVICES & GOODS	1,410,264
MURPHY COMPANY PO BOX 790379 ST LOUIS, MO 63179	SERVICES & GOODS	629,085
CLIFFWATER LLC 4640 ADMIRALTY WAY 11TH FLOOR MARINA DEL REY, CA 90292	SERVICES	399,250
CENTIMARK CORPORATION PO BOX 360093 PITTSBURGH, PA 15251	SERVICES & GOODS	387,195

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **27**

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	6,634,124			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,498,400			
	g	Noncash contributions included in lines 1a-1f \$ 281,575					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	900099	19,187,045	19,187,045		
	b	AUXILIARY ENTERPRISES	900099	7,886,185			7,886,185
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a-2f			27,073,230		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)					
				4,846,091		-1,110,467	5,956,558
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		84,920		84,920	
	6a	(i) Real		(ii) Personal			
		763,081		0			
		654,995		0			
		108,086		0			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		108,086			108,086
	7a	(i) Securities		(ii) Other			
		353,274,298		121,117			
		337,330,578		35,745			
		15,943,720		85,372			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		16,029,092			16,029,092
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18			0		
	a						
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities See Part IV, line 19			0			
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances			0			
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue			1,866,035	0	0	1,866,035
e	Total. Add lines 11a-11d			1,866,035			
12	Total revenue. See Instructions			66,139,978	19,187,045	-1,025,547	31,845,956

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

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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	14,673,222	14,673,222		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	1,635,762		1,029,009	606,753
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	28,000,724	22,556,327	3,354,582	2,089,815
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,654,749	1,363,585	176,244	114,920
9	Other employee benefits	4,170,244	3,125,671	729,921	314,652
10	Payroll taxes	2,138,978	1,646,924	319,481	172,573
11	Fees for services (non-employees)				
a	Management	1,662,711	1,264,112	277,655	120,944
b	Legal	63,229	92	47,825	15,312
c	Accounting	222,897		222,897	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,779,255	1,654,706	102,257	22,292
12	Advertising and promotion	738,427	416,178	88,092	234,157
13	Office expenses	663,852	163,205	334,493	166,154
14	Information technology	1,476,633	407,967	1,042,799	25,867
15	Royalties	0			
16	Occupancy	1,371,472	1,312,637	54,381	4,454
17	Travel	2,308,083	2,016,422	104,497	187,164
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	301,853	221,337	54,655	25,861
20	Interest	705,495		705,495	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,148,401	6,859,217	265,706	23,478
23	Insurance	643,346	16,147	627,199	
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	1,311,186	1,259,203	41,252	10,731
b	SUPPLIES & EQUIPMENT	2,622,437	2,393,771	157,346	71,320
c	BOOKSTORE	300,275	300,261	14	
d	BAD DEBT	75,036	47,866	26,433	737
e					
f	All other expenses	769,961	546,589	178,874	44,498
25	Total functional expenses. Add lines 1 through 24f	76,438,228	62,245,439	9,941,107	4,251,682
26	Joint costs. Check here <input 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	1	Cash—non-interest-bearing			6,610,049	1	5,211,818
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			9,347,256	3	5,140,391
	4	Accounts receivable, net			720,482	4	1,110,015
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			2,350	5	2,558
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			9,373,053	7	9,797,006
	8	Inventories for sale or use			329,600	8	328,471
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	228,458,094			
	b	Less: accumulated depreciation	10b	122,463,565	100,298,158	10c	105,994,529
	11	Investments—publicly traded securities			373,816,728	11	338,047,594
	12	Investments—other securities. See Part IV, line 11			206,382,890	12	208,909,786
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			31,560,259	15	32,865,916
	16	Total assets. Add lines 1 through 15 (must equal line 34)			738,440,825	16	707,408,084
Liabilities	17	Accounts payable and accrued expenses			3,788,975	17	5,059,609
	18	Grants payable			0	18	0
	19	Deferred revenue			2,924,990	19	2,719,016
	20	Tax-exempt bond liabilities			19,693,326	20	19,271,517
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			22,259,611	25	24,055,392
	26	Total liabilities. Add lines 17 through 25			48,666,902	26	51,105,534
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			391,707,695	27	362,650,628
	28	Temporarily restricted net assets			120,394,558	28	107,645,919
	29	Permanently restricted net assets			177,671,670	29	186,006,003
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds			0	32	0
	33	Total net assets or fund balances			689,773,923	33	656,302,550
	34	Total liabilities and net assets/fund balances			738,440,825	34	707,408,084

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	66,139,978
2	Total expenses (must equal Part IX, column (A), line 25)	2	76,438,228
3	Revenue less expenses Subtract line 2 from line 1	3	-10,298,250
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	689,773,923
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-23,173,123
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	656,302,550

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

2011

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 **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 Se**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)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

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
a	

 Total number of conservation easements | 2a | || b |

 Total acreage restricted by conservation easements | 2b | || c |

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

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

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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	497,759,124	444,035,879	415,540,223	551,608,860	
b Contributions	8,057,140	9,376,943	5,434,877	10,013,717	
c Investment earnings or losses	-3,878,275	81,702,818	58,419,423	-102,395,046	
d Grants or scholarships	14,563,211	10,438,021	9,289,755	9,614,707	
e Other expenditures for facilities and programs	29,119,730	26,918,495	26,066,884	34,063,793	
f Administrative expenses	0	0	2,005	8,808	
g End of year balance	458,255,048	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 ▶ 46 500 %

b

Permanent endowment ▶ 37 800 %

c

Term endowment ▶ 15 700 %

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

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

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

Description of property	(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		162,392,197	72,212,829	90,179,368
c Leasehold improvements				0
d Equipment		58,636,069	50,218,428	8,417,641
e Other		6,688,837	32,308	6,656,529
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				105,994,529

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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, 2012, 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

2011

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
------------	------------------	-------------

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Open to Public Inspection

Employer identification number
43-0652667

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

3 Activities per Region (Use Part V if additional space is needed)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W **Schedule F (Form 990) 2011**

1

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

3 Enter total number of other organizations or entities

Part III

[illegible]

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

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL MIDDLE EAST AND NORTH AFRICA ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL SOUTH AMERICA ACCRUAL SUB SAHARAN AFRICA ACCRUAL CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL

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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(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 listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

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	767	14,673,222			

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 80% OF ENROLLED STUDENTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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?	4a	Yes
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 Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	261,509	0	5,421	18,825	57,416	343,171	0
	(ii)	0	0	0	0	0	0	0
(2) HOWARD E BERNER JR	(i)	216,190	0	1,902	16,320	6,683	241,095	0
	(ii)	0	0	0	0	0	0	0
(3) PETER ALAN STEVENS	(i)	158,422	0	799	11,928	5,568	176,717	0
	(ii)	0	0	0	0	0	0	0
(4) JOHN BRUCE PRESTON	(i)	124,726	0	12,078	8,797	24,795	170,396	0
	(ii)	0	0	0	0	0	0	0
(5) GLENN W WILLIAMS	(i)	181,544	0	997	13,620	14,914	211,075	0
	(ii)	0	0	0	0	0	0	0
(6) MARILYN J WALLACE	(i)	176,051	0	4,947	13,290	65,642	259,930	0
	(ii)	0	0	0	0	0	0	0
(7) SCOTT SCHNEBERGER	(i)	136,072	0	1,842	10,254	5,585	153,753	0
	(ii)	0	0	0	0	0	0	0
(8) JOSEPH M RITTER	(i)	110,639	0	3,669	8,352	28,187	150,847	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.
Severance or change-of-control payment	Schedule J, Part I, Line 4a	JOHN BRUCE PRESTON CONTINUED TO RECEIVE A SALARY WHILE HE WAS AVAILABLE FOR CONSULTATION IN THE AMOUNT OF \$19,128.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PRINCIPIA CORPORATION

Employer identification number
43-0652667

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	364,241		364,242					
2	Amount of bonds 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	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III

Private 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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 <div>▶</div>	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 <div>▶</div>	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 IV

Arbitrage

		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 V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☒ Yes ☐ No

Part VI

Supplemental 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

2011

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										
COMPUTER LOAN	X		3,423	495		No	Yes		Yes	
(2) DOUGLAS GIBBS										
COMPUTER LOAN	X		3,065	1,124		No	Yes		Yes	
(3) LAWRENCE HARRISON										
COMPUTER LOAN	X		1,734	939		No	Yes		Yes	
Total				2,558						

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
(1) SEE PART V		

Part IVBusiness 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 VSupplemental 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: 11000230
Software Version: v2011.1.0
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	23,726	COMPENSATION & BENEFITS		No
JAMES BOLLINGER	SON-IN-LAW OF TRUSTEE	13,413	COMPENSATION & BENEFITS		No
DONNA GIBBS	WIFE OF OFFICER	83,633	COMPENSATION & BENEFITS		No
DOROTHY HALVERSON	SISTER OF OFFICER	95,757	COMPENSATION & BENEFITS		No
MARGARET HARLOW	SISTER OF KEY EMPLOYEE	41,847	COMPENSATION & BENEFITS		No
JANE HARRISON	WIFE OF OFFICER	74,639	COMPENSATION & BENEFITS		No
KEITH PRESTON	BROTHER OF OFFICER	60,380	COMPENSATION & BENEFITS		No
REBECCA STEVENS	WIFE OF OFFICER	49,095	COMPENSATION & BENEFITS		No
DAVID C WALLACE	SON OF KEY EMPLOYEE	39,028	COMPENSATION & BENEFITS		No
DAVID S WALLACE	HUSBAND OF KEY EMPLOYEE	33,807	COMPENSATION & BENEFITS		No
ADRIANE FREDRIKSON	WIFE OF TRUSTEE	19,150	COMPENSATION & BENEFITS		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	3	3,700	DONOR PROVIDED VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		4,793	DONOR PROVIDED VALUE
5 Clothing and household goods	X		8,413	DONOR PROVIDED VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	23	281,575	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	12	8,923	DONOR PROVIDED VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
TICKETS & GIFT				
25 Other ► (CERTIFICATES)	X	20	1,133	DONOR PROVIDED VALUE
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

	Yes	No
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?		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
Explanations of reporting method for number of contributions	Schedule M, Part I	OTHER NUMBER OF ITEMS RECEIVED WHEN AVAILABLE CLOTHING AND HOUSEHOLD GOODS NUMBER OF ITEMS RECEIVED WHEN AVAILABLE BOOKS AND PUBLICATIONS NUMBER OF ITEMS RECEIVED WHEN AVAILABLE ART - WORKS OF ART NUMBER OF ITEMS RECEIVED WHEN AVAILABLE COLLECTIBLES NUMBER OF ITEMS RECEIVED WHEN AVAILABLE SECURITIES - PUBLICLY TRADED NUMBER OF CONTRIBUTIONS
Third parties used to solicit, process, or sell noncash contributions	Schedule M, Part I, Line 32b	PRINCIPIA CORPORATION ENGAGED A THIRD PARTY TO SELL ARTWORK DURING THE YEAR ENDING 06/30/2012
Explanation of revenues not reported	Schedule M, Part I, Line 33	PRINCIPIA DOES NOT RECORD NON-CASH GIFTS IF THEIR INDIVIDUAL VALUE DOES NOT EQUAL AT LEAST \$5,000 TO MATCH PRINCIPIA'S CAPITALIZATION POLICY
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=TICKETS & GIFT CERTIFICATES	NUMBER OF ITEMS RECEIVED WHEN AVAILABLE
Number of contributions or items contributed	Schedule M, part I, column (b), Line 5	NUMBER OF ITEMS RECEIVED WHEN AVAILABLE

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135018693	
<div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>		<div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>▶ Attach to Form 990 or 990-EZ.</div>			OMB No 1545-0047
					2011
					Open to Public Inspection
Name of the organization PRINCIPIA CORPORATION				Employer identification number 43-0652667	

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION CONTINUED	FORM 990, PART III, LINE 1	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 27 REGULAR ACADEMIC MAJORS LEADING TO EITHER A BACHELOR OF ARTS OR BACHELOR OF SCIENCE DEGREE THE RATIO OF STUDENTS TO FULL-TIME FACULTY IS SEVEN 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 63 COUNTRIES, AND THEY SERVE WITH DISTINCTION IN A WIDE RANGE OF BUSINESS, GOVERNMENT, AND NON-PROFIT ACTIVITIES
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	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
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
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 PRINCIPIA'S CHIEF EXECUTIVE RECEIVES THE SAME PERCENTAGE OR DOLLAR INCREASE THAT IS APPROVED ANNUALLY FOR ALL PRINCIPIA EMPLOYEES BY THE BOARD OF TRUSTEES IF THE CHIEF EXECUTIVE RECEIVES ADDITIONAL COMPENSATION, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES HAS RECOMMENDED AND APPROVED THAT AMOUNT AFTER REVIEWING COMPARABLE BENCHMARK DATA PROVIDED BY HUMAN RESOURCES OR OUTSIDE CONSULTANTS AND DOCUMENTS THESE DECISIONS IN THEIR MEETING MINUTES
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
Governing documents, conflict of interest policy and financial statements available to the public	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 BYLAWS ARE POSTED ON PRINCIPIA'S WEBSITE
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -24613476, PRIOR PERIOD ADJUSTMENTS - 0, CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 1640353, CONTRIBUTION RETURNED TO DONOR - -200000,

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

2011

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	60,782	720,791	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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related 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	6,634,124	FUNDS RECEIVED VIA WIRE TRANSFER
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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	PART V, LINE 1C	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: 11000230

Software Version: v2011.1.0

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 GELDERMALEN, 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 WPIMBO 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 SEN LIS 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				
CHARITABLE LEAD TRUST	CHARITABLE LEAD TRUST TO BENEFIT PRINCIPIA		NA	TRUST			
PERPETUAL TRUSTS (5)	PERPETUAL TRUSTS TO BENEFIT PRINCIPIA		NA	TRUST			
CHARITABLE REMAINDER TRUSTS (55)	CHARITABLE REMAINDER TRUSTS TO BENEFIT PRINCIPIA		NA	TRUST			
NON-CHARITABLE TRUSTS (3)	TRUST CREATED BY BEQUEST TO BENEFIT PRINCIPIA		NA	TRUST			
POOLED INCOME FUNDS (66)	POOLED INCOME FUND TO BENEFIT PRINCIPIA		NA	TRUST			

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

Part I only ☐

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

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions

Name of exempt organization or other filer, see instructions

Employer identification number (EIN) or

PRINCIPIA CORPORATION

☒ **X**

43-0652667

Number, street, and room or suite no. If a P.O. box, see instructions

Social security number (SSN)

13201 CLAYTON ROAD

☐

City, town or post office, state, and ZIP code. For a foreign address, see instructions

ST. LOUIS, MO 63131

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► DOUGLAS GIBBS

Telephone No. ► 314 514-3104

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year 20____ or
- ☒ tax year beginning 07/01, 2011, and ending 06/30, 2012

- 2** If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

Form **8868** (Rev. 1-2012)

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions		Enter filer's identifying number, see instructions	
	PRINCIPIA CORPORATION		<input checked="" type="checkbox"/> X	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions		<input type="checkbox"/>	43-0652667
	13201 CLAYTON ROAD		<input type="checkbox"/>	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions		ST. LOUIS, MO 63131		

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ☒ DOUGLAS GIBBS
Telephone No. ☒ 314 514-3104 FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 05/15, 20 13
- 5 For calendar year , or other tax year beginning 07/01, 20 11, and ending 06/30, 20 12
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

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

Signature Title Date

Form **8868** (Rev. 1-2012)

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 43-0652667
Name: PRINCIPIA CORPORATION

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

4d. Other program services				
(Code) (Expenses \$	4,672,390	including grants of \$	0) (Revenue \$ 0)
OTHER OTHER SERVICES, INCLUDING ACADEMIC SUPPORT				
(Code) (Expenses \$	1,608,845	including grants of \$	0) (Revenue \$ 0)
LIBRARIES LIBRARIES ON COLLEGE AND SCHOOL CAMPUS TO SUPPORT INSTRUCTIONAL ACTIVITIES				

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			
CATHERINE A RAFFLES VICE CHAIR & SECRETARY (PARTIAL YEAR)	5 00	X		X				0	0	0
HELEN O ELSWIT VICE CHAIRMAN (PARTIAL YEAR)	5 00	X		X				0	0	0
JANNA LOWE HERNHOLM SECRETARY (PARTIAL YEAR)	5 00	X		X				0	0	0
ROBERT B SCHWENTKER TREASURER	5 00	X		X				0	0	0
STEVEN K SYDNESS CHAIRMAN	5 00	X		X				0	0	0
ALLAN MARQUARDT TRUSTEE	5 00	X						0	0	0
CAROL D WORLEY TRUSTEE	5 00	X						0	0	0
DAVID J ANABLE TRUSTEE	5 00	X						0	0	0
HANS FREDRIKSON TRUSTEE	5 00	X						0	0	0
JAMES H ANDREWS TRUSTEE	5 00	X						0	0	0
JAMES SUBER TRUSTEE	5 00	X						0	0	0
JOHN D FRIBORG TRUSTEE	5 00	X						0	0	0
JULIE SANDERUDE TRUSTEE	5 00	X						0	0	0
MERIDEE K OLSEN TRUSTEE	5 00	X						0	0	0
WILLIAM FLATLEY TRUSTEE	5 00	X						0	0	0
D DOUGLAS GIBBS CHIEF FINANCIAL OFFICER	40 00			X				113,871	0	16,239
EDWARD MCCARTY ASSISTANT SECRETARY	40 00			X				95,152	0	32,296
GLENN W WILLIAMS ASSISTANT SECRETARY	40 00			X				182,541	0	28,534
HOWARD E BERNER JR CHIEF INVESTMENT OFFICER	40 00			X				218,092	0	23,003
JOHN BRUCE PRESTON ASSISTANT SECRETARY	40 00			X				136,804	0	33,592
JONATHAN W PALMER CHIEF EXECUTIVE & COLLEGE PRES	40 00			X				266,930	0	76,241
LAWRENCE EDWIN HARRISON JR ASSISTANT SECRETARY	40 00			X				98,590	0	31,546
PETER ALAN STEVENS ASSISTANT SECRETARY	40 00			X				159,221	0	17,496
PHILIP R RILEY ASSISTANT SECRETARY	40 00			X				66,624	0	8,079
MARILYN J WALLACE HEAD OF SCHOOL	40 00				X			180,998	0	78,932

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			
BRIAN MCCAULEY DEAN OF ENROLLMENT MANAGEMENT	40 00					X		95,985	0	27,118
GRETCHEN A NEWBY MARKETING DIRECTOR	40 00					X		93,813	0	25,465
JOSEPH M RITTER ASSOCIATE DEAN OF ACADEMICS	40 00					X		114,308	0	36,539
SARA THORNDIKE CONTROLLER	40 00					X		86,729	0	32,938
SCOTT SCHNEBERGER DEAN OF ACADEMICS	40 00					X		137,914	0	15,839