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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

<b>B</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	<b>C</b> Name of organization PRINCIPIA CORPORATION		<b>D Employer identification number</b>  43-0652667	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 13201 Clayton Road		Room/suite	
	City or town, state or country, and ZIP + 4 St Louis, MO 63131			
	<b>F</b> Name and address of principal officer JONATHAN PALMER 13201 Clayton Road St Louis, MO 63131		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		<b>H(c)</b> Group exemption number ▶
<b>J Website:</b> ▶ WWW.PRINCIPIA.EDU				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation 1912	<b>M</b> State of legal domicile MO

Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities THE PRINCIPIA SHALL SEEK TO SERVE THE CAUSE OF CHRISTIAN SCIENCE THROUGH APPROPRIATE CHANNELS OPEN TO IT AS AN EDUCATIONAL INSTITUTION
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .
Revenue	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .
	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Expenses	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶3,853,421
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) . . . . .
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .

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	*****		2013-11-05				
	Signature of officer		Date				
	D DOUGLAS GIBBS VP OF FINANCE AND OPERATIONS Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name NICOLE BENCIK		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN P00756195
	Firm's name ▶ CROWE HORWATH LLP					Firm's EIN ▶	
	Firm's address ▶ 70 West Madison Street Suite 700 Chicago, IL 606024903					Phone no (312) 899-7000	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ 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?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the 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 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 \$ 33,545,881 including grants of \$ 14,735,762 ) (Revenue \$ 18,591,454 )
	INSTRUCTION INSTRUCTION OF APPROXIMATELY 918 STUDENTS IN COLLEGE, UPPER SCHOOL, MIDDLE SCHOOL, LOWER SCHOOL AND PRE-SCHOOL
4b	(Code ) (Expenses \$ 11,973,394 including grants of \$ ) (Revenue \$ 8,213,762 )
	AUXILIARY ENTERPRISES INCLUDES FOOD SERVICES, DORMITORY EXPENSES AND BOOKSTORES
4c	(Code ) (Expenses \$ 10,474,088 including grants of \$ ) (Revenue \$ )
	STUDENT SERVICES INCLUDES ADMISSIONS, REGISTRAR, COLLEGE ATHLETICS, OFFICE OF STUDENT LIFE AND HEALTH SERVICES
	(Code ) (Expenses \$ 4,440,748 including grants of \$ ) (Revenue \$ )
	OTHER OTHER SERVICES, INCLUDING ACADEMIC SUPPORT
	(Code ) (Expenses \$ 1,658,724 including grants of \$ ) (Revenue \$ )
	LIBRARIES LIBRARIES ON COLLEGE AND SCHOOL CAMPUS TO SUPPORT INSTRUCTIONAL ACTIVITIES

4d

Other program services (Describe in Schedule O )












(Expenses \$ 6,099,472 including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ▶ 62,092,835

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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 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	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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	5	
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	6	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	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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	9	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 	10 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. 	11a 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 	11b 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	11c	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	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e 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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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 and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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, Parts I and IV 	14b 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 United States? If "Yes," complete Schedule F, Parts II and IV	15	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 United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	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 	18 Yes	
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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1,926	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	1,490	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	14	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	13	
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?	2	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	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?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	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	9	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?	10a	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	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	15a	Yes
15b	Other officers or key employees of the organization	15b	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?	16a	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?	16b	

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 <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	5 00	X		X				0	0	0
(2) JANNA LOWE HERNHOLM SECRETARY	5 00	X		X				0	0	0
(3) ROBERT B SCHWENTKER TREASURER	5 00	X		X				0	0	0
(4) STEVEN K SYDNESS CHAIRMAN	5 00	X		X				0	0	0
(5) ALLAN MARQUARDT TRUSTEE	5 00	X						0	0	0
(6) CAROL D WORLEY TRUSTEE	5 00	X						0	0	0
(7) CHARLES LINDAHL 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) ROBERT J MACDONALD TRUSTEE	5 00	X						0	0	0
(16) WILLIAM FLATLEY TRUSTEE	5 00	X						0	0	0
(17) D DOUGLAS GIBBS CHIEF FINANCIAL OFFICER	40 00			X				129,912	0	12,637

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) EDWARD MCCARTY ASSISTANT SECRETARY	40 00			X				100,022	0	38,611
(19) GLENN W WILLIAMS ASSISTANT SECRETARY	40 00			X				168,345	0	17,820
(20) HOWARD E BERNER JR CHIEF INVESTMENT OFFICER	40 00			X				224,403	0	23,832
(21) JONATHAN W PALMER CHIEF EXECUTIVE & COLLEGE PRES	40 00			X				272,514	0	84,799
(22) LAWRENCE EDWIN HARRISON JR ASSISTANT SECRETARY	40 00			X				100,842	0	34,634
(23) MARILYN J WALLACE HEAD OF SCHOOL	40 00			X				182,400	0	70,177
(24) PETER ALAN STEVENS CHIEF ADMIN OFFICER & ASST SECRETARY	40 00			X				162,563	0	20,572
(25) BRIAN MCCAULEY DEAN OF ENROLLMENT MANAGEMENT	40 00					X		98,924	0	28,099
(26) DONNA GIBBS DIRECTOR OF ALUMNI & FIELD RELATIONS	40 00					X		99,511	0	14,855
(27) JOSEPH M RITTER ASSOCIATE DEAN OF ACADEMICS	40 00					X		116,290	0	39,893
(28) SARA THORNDIKE CONTROLLER	40 00					X		90,722	0	32,291
(29) SCOTT SCHNEBERGER DEAN OF ACADEMICS	40 00					X		142,808	0	16,965
1b Sub-Total . . . . .							▼			
c Total from continuation sheets to Part VII, Section A . . . . .							▼			
d Total (add lines 1b and 1c) . . . . .							▼	1,889,256	0	435,185

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▶31

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	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	4,223,724
	KANE MECHANICAL INC 170 EAST ALTON AVENUE EAST ALTON IL 62024	SERVICES & GOODS	3,194,886
	WORLD WIDE TECHNOLOGY INC PO BOX 957653 ST LOUIS MO 63195	SERVICES & GOODS	1,183,423
	ATG-RAM INDUSTRIES LLC 317 E COMMERCE ANDOVER KS 67002	SERVICES & GOODS	752,530
	POWERS BOWERSOX ASSOCIATES INC 300 NORTH FOURTH STREET SUITE 206 ST LOUIS MO 63102	DESIGN SERVICES	713,444
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 ▶24		

Part VIII

Statement of Revenue

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

			(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				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c				
	d	Related organizations . . . . . 1d	6,206,269			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	9,510,224			
	g	Noncash contributions included in lines 1a-1f \$	752,144			
	h	Total. Add lines 1a-1f . . . . .	15,716,493			
Program Service Revenue	Business Code					
	2a	TUITION AND FEES	90009918,591,454	18,591,454		
	b	AUXILIARY ENTERPRISES	9000997,449,890			7,449,890
	c		0			
	d		0			
	e		0			
	f	All other program service revenue	0	0	0	0
	g	Total. Add lines 2a-2f . . . . .	26,041,344			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	5,501,361		-295,559	5,796,920
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	0			
	6a	(i) Real				
		(ii) Personal				
		Gross rents	763,872			
		Less rental expenses	680,672			
	b	Rental income or (loss)	83,200	0		
	c	Net rental income or (loss) . . . . .	83,200			83,200
	7a	(i) Securities				
		(ii) Other				
		Gross amount from sales of assets other than inventory	423,857,018	44,433		
		Less cost or other basis and sales expenses	402,242,545	87,164		
	b	Gain or (loss)	21,614,473	-42,731		
	c	Net gain or (loss) . . . . .	21,571,742			21,571,742
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	a		21,594			
	b	Less direct expenses . . . . . b	0			
	c	Net income or (loss) from fundraising events . . . . .	21,594			21,594
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
	a					
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from gaming activities . . . . .	0			
	10a	Gross sales of inventory, less returns and allowances . . . . .				
	a					
	b	Less cost of goods sold . . . . . b				
	c	Net income or (loss) from sales of inventory . . . . .	0			
	Miscellaneous Revenue		Business Code			
	11a			0		
	b			0		
	c			0		
	d	All other revenue . . . . .		2,033,075	0	5,630
	e	Total. Add lines 11a-11d . . . . .		2,033,075		
	12	Total revenue. See Instructions . . . . .	70,968,809	18,591,454	-289,929	36,950,791

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)

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	14,735,762	14,735,762		
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	1,423,280		1,063,659	359,621
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	29,164,507	23,156,014	3,804,723	2,203,770
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,678,479	1,372,942	181,981	123,556
9	Other employee benefits	4,266,510	3,155,865	783,453	327,192
10	Payroll taxes	2,218,792	1,692,994	343,625	182,173
11	Fees for services (non-employees)				
a	Management	1,461,053	1,060,546	359,297	41,210
b	Legal	64,567	1,350	47,525	15,692
c	Accounting	284,527		284,527	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,745,243	1,606,204	138,937	102
12	Advertising and promotion	468,378	193,718	108,086	166,574
13	Office expenses	586,812	120,174	360,969	105,669
14	Information technology	1,050,438	337,425	677,728	35,285
15	Royalties	0			
16	Occupancy	1,430,878	1,369,408	56,843	4,627
17	Travel	2,621,288	2,340,573	132,158	148,557
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	342,598	256,843	67,860	17,895
20	Interest	684,791		684,791	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,558,647	6,294,715	242,504	21,428
23	Insurance	724,869	7,278	717,591	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	FOOD	1,284,834	1,233,088	29,728	22,018
b	SUPPLIES & EQUIPMENT	2,361,235	2,191,303	128,151	41,781
c	BOOKSTORE	206,493	206,493		
d	BAD DEBT	145,106	39,691	93,168	12,247
e	All other expenses	884,404	720,449	139,931	24,024
25	Total functional expenses. Add lines 1 through 24e	76,393,491	62,092,835	10,447,235	3,853,421
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .		5,211,818	<b>1</b>	4,991,197
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0
	<b>3</b>	Pledges and grants receivable, net . . . . .		5,140,391	<b>3</b>	4,703,063
	<b>4</b>	Accounts receivable, net . . . . .		1,110,015	<b>4</b>	778,839
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		2,558	<b>5</b>	72
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		9,797,006	<b>7</b>	10,153,181
	<b>8</b>	Inventories for sale or use . . . . .		328,471	<b>8</b>	266,149
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		0	<b>9</b>	0
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 238,948,719			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b> 127,317,836	105,994,529	<b>10c</b>	111,630,883
	<b>11</b>	Investments—publicly traded securities . . . . .		338,047,594	<b>11</b>	346,417,019
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		208,909,786	<b>12</b>	232,806,297
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		32,865,916	<b>15</b>	34,347,758
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		707,408,084	<b>16</b>	746,094,458
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .		5,059,609	<b>17</b>	4,498,992
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		2,719,016	<b>19</b>	2,105,161
	<b>20</b>	Tax-exempt bond liabilities . . . . .		19,271,517	<b>20</b>	18,825,088
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		24,055,392	<b>25</b>	21,244,295
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		51,105,534	<b>26</b>	46,673,536
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		362,650,628	<b>27</b>	379,434,200
	<b>28</b>	Temporarily restricted net assets . . . . .		107,645,919	<b>28</b>	126,573,106
	<b>29</b>	Permanently restricted net assets . . . . .		186,006,003	<b>29</b>	193,413,616
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		0	<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		0	<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		0	<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		656,302,550	<b>33</b>	699,420,922
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		707,408,084	<b>34</b>	746,094,458

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	70,968,809
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	76,393,491
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-5,424,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	656,302,550
5	Net unrealized gains (losses) on investments . . . . .	5	46,560,500
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	1,982,554
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	699,420,922

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	2b	Yes
2c	If "Yes," to line 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	2c	Yes
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?	3a	No
3b	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	3b	

Additional Data

Software ID: 12000266

Software Version: v2012.1.0

EIN: 43-0652667

Name: PRINCIPIA CORPORATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
CATHERINE A RAFFLES VICE CHAIR	5 00	X		X				0	0	0
JANNA LOWE HERNHOLM SECRETARY	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
CHARLES LINDAHL 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
ROBERT J MACDONALD 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				129,912	0	12,637
EDWARD MCCARTY ASSISTANT SECRETARY	40 00			X				100,022	0	38,611
GLENN W WILLIAMS ASSISTANT SECRETARY	40 00			X				168,345	0	17,820
HOWARD E BERNER JR CHIEF INVESTMENT OFFICER	40 00			X				224,403	0	23,832
JONATHAN W PALMER CHIEF EXECUTIVE & COLLEGE PRES	40 00			X				272,514	0	84,799
LAWRENCE EDWIN HARRISON JR ASSISTANT SECRETARY	40 00			X				100,842	0	34,634
MARILYN J WALLACE HEAD OF SCHOOL	40 00			X				182,400	0	70,177
PETER ALAN STEVENS CHIEF ADMIN OFFICER & ASST SECRETARY	40 00			X				162,563	0	20,572
BRIAN MCCAULEY DEAN OF ENROLLMENT MANAGEMENT	40 00					X		98,924	0	28,099

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 (list any hours for related organizations below dotted line)	(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			
DONNA GIBBS DIRECTOR OF ALUMNI & FIELD RELATIONS	40 00					X		99,511	0	14,855
JOSEPH M RITTER ASSOCIATE DEAN OF ACADEMICS	40 00					X		116,290	0	39,893
SARA THORNDIKE CONTROLLER	40 00					X		90,722	0	32,291
SCOTT SCHNEBERGER DEAN OF ACADEMICS	40 00					X		142,808	0	16,965

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

2012

Open to Public Inspection

Name of the organization PRINCIPIA CORPORATION	Employer identification number 43-0652667
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

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

☐

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

a

☐

Type I 

b

☐

Type II 

c

☐

Type III - Functionally integrated 

d

☐

Type III - Non-functionally integrated
- 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 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 monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |   |  |    |   |    |  |    |                                  |
|                                    |          |   |  |    |   |    |  |    |                                  |
| Total                              |          |   |  |    |   |    |  |    |                                  |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14					
15 Public support percentage for 2011 Schedule A, Part II, line 14	15					
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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<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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

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

- 3

Using the organization's acquisition, 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 XIII
- 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 XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

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 XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	458,255,048	497,759,124	444,035,879	415,540,223	551,608,860
b Contributions . . . . .	29,035,261	8,057,140	9,376,943	5,434,877	10,013,717
c Net investment earnings, gains, and losses	62,232,437	-3,878,275	81,702,818	58,419,423	-102,395,046
d Grants or scholarships . . . . .	15,267,620	14,563,211	10,438,021	9,289,755	9,614,707
e Other expenditures for facilities and programs . . . . .	26,383,616	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 . . . . .	507,871,510	458,255,048	497,759,124	444,035,879	415,540,223

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

46 900 %
- b

Permanent endowment

35 600 %
- c

Temporarily restricted endowment

17 500 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 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 . . . . .

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

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

3b		
----	--	--
- 4

Describe in Part XIII 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 . . . . .		167,078,033	76,470,628	90,607,405
c Leasehold improvements . . . . .				0
d Equipment . . . . .		63,167,370	50,809,930	12,357,440
e Other . . . . .		7,962,325	37,278	7,925,047
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				111,630,883



Part XI

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 XIII ) . . . . .	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 XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .		5	

Part XII

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 XIII ) . . . . .	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 XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5	

Part XIII

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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, 2013, 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

2012

Open to Public Inspection

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

Part I		YES	NO
<div>1</div> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
	2	Yes	
	3	Yes	
<div>4</div> Does the organization maintain the following? <div>a</div> Records indicating the racial composition of the student body, faculty, and administrative staff? <div>b</div> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <div>c</div> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <div>d</div> 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	4a	Yes	
	4b	Yes	
	4c	Yes	
	4d	Yes	
<div>5</div> Does the organization discriminate by race in any way with respect to <div>a</div> Students' rights or privileges? <div>b</div> Admissions policies? <div>c</div> Employment of faculty or administrative staff? <div>d</div> Scholarships or other financial assistance? <div>e</div> Educational policies? <div>f</div> Use of facilities? <div>g</div> Athletic programs? <div>h</div> Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5a		No
	5b		No
	5c		No
	5d		No
	5e		No
	5f		No
	5g		No
	5h		No
<div>6a</div> Does the organization receive any financial aid or assistance from a governmental agency? <div>b</div> 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	6a		No
	6b		No
<div>7</div> 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	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
Racially nondiscriminatory policy	Schedule E, Part I, Line 3	NONDISCRIMINATORY POLICY PUBLICIZED IN THE LOCAL NEWSPAPERS AND WITHIN COLLEGE AND OTHER SCHOOL CATALOGUES AND APPLICATION MATERIALS

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			123,874,207

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶
- 3 Enter total number of other organizations or entities . . . . . ▶

## Part III

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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**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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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

**Supplemental Information**  
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**Schedule F (Form 990) 2012**

Additional Data

Software ID: 12000266  
Software Version: v2012.1.0  
EIN: 43-0652667  
Name: PRINCIPIA CORPORATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	97
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	149,527
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	225,427

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	15,414
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDENT AND FACULTY STUDY	163,051
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		111,111,788

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		12,188,772
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		15,395
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM SERVICES	STUDENT AND FACULTY STUDY	1,613

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH ASIA			PROGRAM SERVICES		3,123

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
PRINCIPIA CORPORATION

Employer identification number  
43-0652667

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

1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

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

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			TRIVIA NIGHT & AUCTION	PRIN EATS OUT		(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	17,573	4,021		21,594	
2	Less Contributions	. .				0	
3	Gross income (line 1 minus line 2)	. . .	17,573	4,021	0	21,594	
Direct Expenses	4	Cash prizes	. . .			0	
	5	Noncash prizes	. .			0	
	6	Rent/facility costs	. .			0	
	7	Food and beverages	.			0	
	8	Entertainment	. . .			0	
	9	Other direct expenses	.			0	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(0)
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶					21,594

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

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

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in



a The organization's facility	13a	
b An outside facility	13b	

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

Name  .....

Address  .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No


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

c If "Yes," enter name and address of the third party

Name  .....

Address  .....

16 Gaming manager information

Name  .....


Gaming manager compensation  \$ .....

Description of services provided  .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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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

2012

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. Part II can be duplicated 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.  
Part III can be duplicated 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	14,735,762			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 86% OF ENROLLED STUDENTS

Schedule J (Form 990)  <div>Department of the Treasury Internal Revenue Service</div>	Compensation Information  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  ▶ <b>Complete if the organization answered "Yes" to Form 990, Part IV, question 23.</b>  ▶ <b>Attach to Form 990. ▶ See separate instructions.</b>	OMB No 1545-0047
		2012
		Open to Public Inspection

Name of the organization PRINCIPIA CORPORATION	Employer identification number  43-0652667
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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.			
	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
1b	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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
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:			
4a	a. Receive a severance payment or change-of-control payment?	4a		No
4b	b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
4c	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.			
	<b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b>			
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:			
5a	a. The organization?	5a		No
5b	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:			
6a	a. The organization?	6a		No
6b	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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JONATHAN W PALMER CHIEF EXECUTIVE & COLLEGE PRES	(i) (ii)	266,469 0	0 0	6,045 0	20,036 0	64,763 0	357,313 0	0 0
(2)HOWARD E BERNER JR CHIEF INVESTMENT OFFICER	(i) (ii)	221,381 0	0 0	3,022 0	16,692 0	7,140 0	248,235 0	0 0
(3)PETER ALAN STEVENS CHIEF ADMIN OFFICER & ASST SECRETARY	(i) (ii)	161,755 0	0 0	808 0	12,186 0	8,386 0	183,135 0	0 0
(4)GLENN W WILLIAMS ASSISTANT SECRETARY	(i) (ii)	167,472 0	0 0	873 0	11,383 0	6,437 0	186,165 0	0 0
(5)MARILYN J WALLACE HEAD OF SCHOOL	(i) (ii)	179,926 0	0 0	2,474 0	13,584 0	56,593 0	252,577 0	0 0
(6)SCOTT SCHNEBERGER DEAN OF ACADEMICS	(i) (ii)	140,885 0	0 0	1,923 0	10,614 0	6,351 0	159,773 0	0 0
(7)JOSEPH M RITTER ASSOCIATE DEAN OF ACADEMICS	(i) (ii)	115,697 0	0 0	593 0	8,544 0	31,349 0	156,183 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

Schedule K  
(Form 990)

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 Part VI.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	587,456		587,456					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	10,301,421		10,244,165					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	98,217		50,896					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	10,301,421		10,244,165					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2007		2008					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part 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 of bond-financed property?		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?		X		X				
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?		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 00000%		0 00000%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 00000%		0 00000%		%		%	
6	Total of lines 4 and 5	0 00000%		0 00000%		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0%		0%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		X					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified 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				

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?		X		X				
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X					

Part VI

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

Identifier	Return Reference	Explanation
ISSUER NAME VILLAGE OF ELSAH, JERSEY COUNTY, ILLINOIS No Rebate Due	Schedule K, Part IV, Line 2c	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON OCTOBER 2008
ISSUER NAME VILLAGE OF ELSAH, JERSEY COUNTY, ILLINOIS No Rebate Due	Schedule K, Part IV, Line 2c	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON OCTOBER 2008

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) LAWRENCE HARRISON	OFFICER	COMPUTER LOAN		X	1,734	72		No	Yes		Yes	
Total												

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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1) SEE PART V				

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

**Part V Supplemental Information**

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

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

Additional Data

Software ID: 12000266  
Software Version: v2012.1.0  
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
(1) REBECCA ANDREWS	WIFE OF TRUSTEE	25,727	COMPENSATION & BENEFITS		No
(2) DOROTHY HALVERSON	SISTER OF OFFICER	100,505	COMPENSATION & BENEFITS		No
(3) MARGARET HARLOW	SISTER OF OFFICER	42,615	COMPENSATION & BENEFITS		No
(4) JANE HARRISON	WIFE OF OFFICER	72,359	COMPENSATION & BENEFITS		No
(5) REBECCA STEVENS	WIFE OF OFFICER	44,495	COMPENSATION & BENEFITS		No
(6) DAVID C WALLACE	SON OF OFFICER	44,281	COMPENSATION & BENEFITS		No
(7) ADRIANE FREDRIKSON	WIFE OF TRUSTEE	36,758	COMPENSATION & BENEFITS		No
(8) KATHERINE SHERIDAN	DAUGHTER OF OFFICER	44,393	COMPENSATION & BENEFITS		No

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

►Complete if the organizations 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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		4,190	DONOR PROVIDED VALUE
5 Clothing and household goods . . . . .	X		9,658	DONOR PROVIDED VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	31	752,144	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 . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>SERVICES</u> ) . . . . .	X	3	276	DONOR PROVIDED VALUE
26 Other ► ( <u>TICKETS</u> ) . . . . .	X	44	4,053	DONOR PROVIDED VALUE
FOOD &				
27 Other ► ( <u>GIFT CARDS</u> ) . . . . .	X	61	1,256	DONOR PROVIDED VALUE
GIFT				
28 Other ► ( <u>CERTIFICATES</u> ) . . . . .	X	2	40	DONOR PROVIDED VALUE

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? . . . . .	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Explanations of reporting method for number of contributions	Schedule M, Part I	CLOTHING AND HOUSEHOLD GOODS NUMBER OF ITEMS RECEIVED WHEN AVAILABLE OTHER NUMBER OF ITEMS RECEIVED WHEN AVAILABLE OTHER NUMBER OF ITEMS RECEIVED WHEN AVAILABLE BOOKS AND PUBLICATIONS NUMBER OF ITEMS RECEIVED WHEN AVAILABLE OTHER NUMBER OF ITEMS RECEIVED WHEN AVAILABLE SECURITIES - PUBLICLY TRADED NUMBER OF CONTRIBUTIONS
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 UNLESS THE GIFT IS STOCK
Number of contributions or items contributed	Schedule M, part I, column (b), Line 5	NUMBER OF ITEMS RECEIVED WHEN AVAILABLE
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=SERVICES	
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=TICKETS	NUMBER OF ITEMS RECEIVED WHEN AVAILABLE

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization PRINCIPIA CORPORATION	Employer identification number  43-0652667
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Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION CONTINUED	FORM 990, PART III, LINE 1	
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 VP OF FINANCE & OPERATIONS AND CROWE HORWATH 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 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 1982554,
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=FOOD & GIFT CARDS	NUMBER OF ITEMS RECEIVED WHEN AVAILABLE
Number of contributions or items contributed	Schedule M, part I, column (b), Line 4	NUMBER OF ITEMS RECEIVED WHEN AVAILABLE
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=GIFT CERTIFICATES	NUMBER OF ITEMS RECEIVED WHEN AVAILABLE
Number of contributions or items contributed	Schedule M, part I, column (b), Line 9	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line 5	NUMBER OF ITEMS RECEIVED WHEN AVAILABLE
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=TICKETS	NUMBER OF ITEMS RECEIVED WHEN AVAILABLE
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=FOOD & GIFT CARDS	NUMBER OF ITEMS RECEIVED WHEN AVAILABLE
Number of contributions or items contributed	Schedule M, part I, column (b), Line 4	NUMBER OF ITEMS RECEIVED WHEN AVAILABLE
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=GIFT CERTIFICATES	NUMBER OF ITEMS RECEIVED WHEN AVAILABLE
Number of contributions or items contributed	Schedule M, part I, column (b), Line 9	NUMBER OF CONTRIBUTIONS

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

2012

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" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) 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	70,650	716,441	PRINCIPIA CORPORATION

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
(1) PRINCIPIA COLLEGE COMMUNICATIONS  13201 CLAYTON ROAD  ST LOUIS, MO 63131	SUPPORTING ORGANIZATION	MO	501(C)(3)	11	N/A		No
(2) STICHTING FRED M VAN ECK FOUNDATION	SUPPORTING ORGANIZATION	NL		N/A	PRINCIPIA CORPORATION	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	N/A					No			No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

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 or (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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) STICHTING FRED M VAN ECK FOUNDATION	C	6,206,269	FMV

Schedule R (Form 990) 2012

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

[illegible]

Software ID: 12000266  
Software Version: v2012.1.0  
EIN: 43-0652667  
Name: PRINCIPIA CORPORATION

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

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CORDSTRAP BV  NOBELSTRAAT 1 OOSTRUM, GA NL-5807 NL	R&D & MKTG	NL	NA						
CORDSTRAP WEAVING BV  BOSMANSKAMP 25 GELDERMALSEN, MS NL-4191 NL	R&D & MFG	NL	NA						
CORDSTRAP GMBH  TACKWEG 41 TONISVORST D-47918 GM	MKTG&SALES&DI	GM	NA						
CORDSTRAP (MIDDLE EAST) LIMITED  SAVVIDES MONARCH CENTER ACROP NICOSIA 59-61 CY	MKTG&SALES&DI	CY	NA						
CORDSTRAP MALAYSIA SDN BHD  NO 28 JALAN KASUARINA 12 BDR ABG KLANG, SELANGOR 41200 MY 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	MKTG&SALES&DI		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						

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CORDSTRAP SARL  5-7 AVE CHARLES DE GAULLE SENLIS 60300 FR	MKTG&SALES&DI	FR	NA						
CORDSTRAP ESPANA SLU  2 CALLE ZURIC SABADELL BARCELONA 8207 SP	MKTG&SALES&DI	SP	NA						
CORDSTRAP REINFORCED TAPES B  NOBELSTRAAT1 OOSTRUM, GA NL-5807 NL	R&D-MFG&MKTG	NL	NA						
CONTINENTAL STRAP BV  KONINGSHOEVEN 69 UNIT VIII TILBURG, AA NL-5018 NL	MKTG&SALES&DI	NL	NA						
THE TOOLING COMPANY BV  KONINGSHOEVEN 69 UNIT VIII TILBURG, AA NL-5018 NL	MKTG&SALES&DI	NL	NA						
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,NL 66200 MX	MKTG&SALES&DI	MX	NA						
CHARITABLE LEAD TRUST	CHARITABLE LEAD TRUST TO BENEFIT PRINCIPIA		NA	TRUST				Yes	
PERPETUAL TRUSTS (5)	PERPETUAL TRUSTS TO BENEFIT PRINCIPIA		NA	TRUST				Yes	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (52)	CHARITABLE REMAINDER TRUSTS TO BENEFIT PRINCIPIA		NA	TRUST				Yes	
NON-CHARITABLE TRUSTS (4)	TRUST CREATED BY BEQUEST TO BENEFIT PRINCIPIA		NA	TRUST				Yes	
POOLED INCOME FUNDS (63)	POOLED INCOME FUND TO BENEFIT PRINCIPIA		NA	TRUST				Yes	