

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NORTHEASTERN UNIVERSITY
% THOMAS NEDELL
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
360 HUNTINGTON AVENUE
City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02115

D Employer identification number
04-1679980

E Telephone number
(617) 373-5947

G Gross receipts \$ 2,316,560,669

F Name and address of principal officer:
Joseph E Aoun
360 Huntington Ave
Boston, MA 02115

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.neu.edu

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1898

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	38
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	18,100
6 Total number of volunteers (estimate if necessary)	6	1,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,157,456
b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	180,241,000	245,788,000
9 Program service revenue (Part VIII, line 2g)	1,428,871,663	1,525,796,002
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,716,698	47,452,113
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,609,546	9,556,247
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,691,438,907	1,828,592,362
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	361,098,144	384,389,456
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	656,340,821	698,200,632
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 26,356,806		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	519,494,751	541,286,011
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,536,933,716	1,623,876,099
19 Revenue less expenses. Subtract line 18 from line 12	154,505,191	204,716,263
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,991,273,000	3,421,451,000
21 Total liabilities (Part X, line 26)	1,197,284,000	1,397,494,000
22 Net assets or fund balances. Subtract line 21 from line 20	1,793,989,000	2,023,957,000

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-07-02
THOMAS NEDELL SVP FINANCE & TREAS
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: PricewaterhouseCoopers LLP
Preparer's signature: [Signature]
Date: 2020-06-16
Check if self-employed
PTIN: P00641463
Firm's name: PricewaterhouseCoopers LLP
Firm's EIN: [EIN]
Firm's address: 101 SEAPORT BLVD SUITE 500
BOSTON, MA 02210
Phone no. (617) 530-5000

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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 \$ 472,495,000 including grants of \$ 0) (Revenue \$ 1,374,128,002)
See Additional Data

4b (Code:) (Expenses \$ 352,627,801 including grants of \$ 352,627,801) (Revenue \$ 0)
See Additional Data

4c (Code:) (Expenses \$ 132,639,000 including grants of \$ 0) (Revenue \$ 151,668,000)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 515,297,030 including grants of \$ 31,761,655) (Revenue \$ 0)

4e Total program service expenses ▶ 1,473,058,831

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>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</p>	2a	18,100			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes		
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b		Yes		
<p>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)?</p>	4a		Yes		
<p>b If "Yes," enter the name of the foreign country: <u>▶CA , UK</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>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?</p>	6a			No	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a		Yes		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b		Yes		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter:					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter:					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	13a				
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>	14b				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	15			No	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16			No	

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (38); 1b Enter the number of voting members included in line 1a, above, who are independent (37); 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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 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? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CO, MD, MA, MI, NH, NY, OH, OR, SC, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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. [] Own website [] Another's website [x] Upon request [] 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, address, and telephone number of the person who possesses the organization's books and records: THOMAS NEDELL 360 HUNTINGTON AVE BOSTON, MA 02115 (617) 373-5374

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

Check if Schedule O contains a response or note to any line 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			
See Additional Data Table										

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			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	11,673,282	0	1,734,290

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 ► 1,369

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 Yes	
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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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
COMPASS GROUP, PO BOX 91337 CHICAGO, IL 606931337	FOOD SERVICES	23,404,756
Bond Brothers Inc, 145 Spring Street EVERETT, MA 02149	CONSTRUCTION	17,555,712
Gilbane Building Company, 7 Jackson Walkway PROVIDENCE, RI 029033623	CONSTRUCTION	16,121,204
ABM Industry Groups LLC, PO Box 1534 NEW YORK, NY 10008	FACILITY SVCS	14,115,661
NCS PEARSON INC, 5601 GREEN VALLEY DR BLOOMINGTON, MN 55437	EDUCATIONAL SERVICES	10,783,208

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 ► 337

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	196,592			
	d Related organizations	1d				
	e Government grants (contributions)	1e	132,762,884			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	112,828,524			
	g Noncash contributions included in lines 1a - 1f: \$		7,115,727			
	h Total. Add lines 1a-1f		245,788,000			
Program Service Revenue	2a TUITION, RM BD, FEES	Business Code				
		900099	1,520,154,989	1,520,154,989		
	b PARKING	812930	2,675,879		2,335,650	
	c FOOD SERVICE	900099	2,965,134		2,965,134	
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		1,525,796,002				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		27,890,260		-1,494,285	
	4 Income from investment of tax-exempt bond proceeds		17,740		17,740	
	5 Royalties		906,285		906,285	
	6a Gross rents	(i) Real				
		(ii) Personal				
			11,056,190			
		b Less: rental expenses		2,649,733		
	c Rental income or (loss)		8,406,457	0		
	d Net rental income or (loss)		8,406,458		8,406,458	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
			504,712,135			
		b Less: cost or other basis and sales expenses		485,168,022		
	c Gain or (loss)		19,544,113			
	d Net gain or (loss)		19,544,113		19,544,113	
8a Gross income from fundraising events (not including \$ 196,592 of contributions reported on line 1c). See Part IV, line 18	a		77,965			
	b Less: direct expenses		150,552			
	c Net income or (loss) from fundraising events		-72,587		-72,587	
9a Gross income from gaming activities. See Part IV, line 19	a		0			
	b Less: direct expenses		0			
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a		0			
	b Less: cost of goods sold		0			
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code					
11a CONFERENCE CENTERS/ARENA	532000	45,817		45,817		
b ADVERTISING/SPORTS INCOME	900099	32,930		32,930		
c FEE FOR SERVICE INCOME	900099	237,344		237,344		
d All other revenue						
e Total. Add lines 11a-11d		316,091				
12 Total revenue. See Instructions		1,828,592,362	1,520,154,989	1,157,456	61,491,917	

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	30,497,193	30,497,193		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	352,627,801	352,627,801		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	1,264,462	1,264,462		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	11,733,440	3,129,408	7,283,584	1,320,448
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,008,867	1,008,867		
7 Other salaries and wages	554,822,202	503,361,268	38,587,803	12,873,131
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,656,412	30,094,577	2,819,541	742,294
9 Other employee benefits	63,730,458	56,985,907	5,338,972	1,405,579
10 Payroll taxes	33,249,253	29,730,508	2,785,431	733,314
11 Fees for services (non-employees):				
a Management	633,787	633,787		
b Legal	4,421,459	2,283	4,419,176	
c Accounting	427,030		427,030	
d Lobbying	206,810	196,640	10,170	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	2,010,910		2,010,910	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,987,134	17,952,843	33,931	360
12 Advertising and promotion	12,170,662	6,289,557	5,852,178	28,927
13 Office expenses	42,288,740	36,025,281	4,641,292	1,622,167
14 Information technology	48,634,529	33,267,827	15,366,702	
15 Royalties	168,446	168,446		
16 Occupancy	79,806,554	75,859,954	3,452,161	494,439
17 Travel	28,455,149	26,633,110	1,084,668	737,371
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	4,181,423	3,782,584	367,811	31,028
20 Interest	38,574,954	36,695,139	1,327,842	551,973
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	70,171,812	57,049,380	9,269,274	3,853,158
23 Insurance	3,130,156	1,197,474	1,932,682	
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 CONSULTANTS	40,105,549	33,252,306	6,410,064	443,179
b EQUIPMENT	21,480,436	21,141,611	249,101	89,724
c MEAL PLAN AND FOOD COST	27,105,395	26,405,030	475,498	224,867
d PUB, BOOKS, & SUBSCRIPTIONS	15,275,756	11,952,345	3,009,327	314,084
e All other expenses	84,049,320	75,853,243	7,305,314	890,763
25 Total functional expenses. Add lines 1 through 24e	1,623,876,099	1,473,058,831	124,460,462	26,356,806
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).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	71,550,000	1	18,970,000
	2 Savings and temporary cash investments	167,839,000	2	319,233,000
	3 Pledges and grants receivable, net	88,264,000	3	103,653,000
	4 Accounts receivable, net	56,489,000	4	87,927,000
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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	6	0
	7 Notes and loans receivable, net	30,023,000	7	25,520,000
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	11,621,000	9	15,662,000
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,372,890,000		
	b Less: accumulated depreciation	829,224,000		
		1,431,637,000	10c	1,543,666,000
	11 Investments—publicly traded securities	628,106,545	11	701,025,000
	12 Investments—other securities. See Part IV, line 11	485,063,455	12	572,043,000
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	20,680,000	15	33,752,000	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,991,273,000	16	3,421,451,000	
Liabilities	17 Accounts payable and accrued expenses	184,384,000	17	194,523,000
	18 Grants payable	5,949,000	18	9,204,000
	19 Deferred revenue	63,630,000	19	193,038,000
	20 Tax-exempt bond liabilities	705,304,000	20	688,839,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	22	0
	23 Secured mortgages and notes payable to unrelated third parties	146,740,000	23	209,065,000
	24 Unsecured notes and loans payable to unrelated third parties	319,000	24	125,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	90,958,000	25	102,700,000
	26 Total liabilities. Add lines 17 through 25	1,197,284,000	26	1,397,494,000
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,279,216,000	27	1,427,755,000
	28 Temporarily restricted net assets	270,095,000	28	292,981,000
	29 Permanently restricted net assets	244,678,000	29	303,221,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,793,989,000	33	2,023,957,000	
34 Total liabilities and net assets/fund balances	2,991,273,000	34	3,421,451,000	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,828,592,362
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,623,876,099
3	Revenue less expenses. Subtract line 2 from line 1	3	204,716,263
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,793,989,000
5	Net unrealized gains (losses) on investments	5	33,187,737
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	-7,936,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,023,957,000

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-1679980

Name: NORTHEASTERN UNIVERSITY

Form 990 (2018)

Form 990, Part III, Line 4a:

Instruction NORTHEASTERN ENABLES 39,176 STUDENTS TO FULFILL THEIR EDUCATIONAL GOALS BY PROVIDING TEACHING AND ADVISING THAT RESULT IN THE GRANTING OF ASSOCIATE, BACHELOR, MASTER AND DOCTORAL DEGREES IN A VARIETY OF ACADEMIC DISCIPLINES. THE UNIVERSITY'S ACADEMIC AREA CONSISTS OF THE BOUVE COLLEGE OF HEALTH SCIENCE, COLLEGE OF ARTS, MEDIA AND DESIGN, D'AMORE-MCKIM SCHOOL OF BUSINESS, COLLEGE OF COMPUTER AND INFORMATION SCIENCE, COLLEGE OF ENGINEERING, COLLEGE OF PROFESSIONAL STUDIES, COLLEGE OF SCIENCE, COLLEGE OF SOCIAL SCIENCES AND HUMANITIES, AND SCHOOL OF LAW.

Form 990, Part III, Line 4b:

Student financial aid Northeastern awards grants and scholarships to students from several sources: federal and state governments, institutionally-funded and endowment/donor funded. The Office of Student Financial Services administers financial aid and is committed to working with students to identify financial aid options that can help make a Northeastern education affordable.

Form 990, Part III, Line 4c:

Auxiliary enterprises Northeastern provides student housing in 33 residential buildings and operates conference centers mainly used for University events.

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			
Joseph E Aoun President/Trustee	40.0 0.0	X		X				1,264,732	0	370,112
Barbara Alleyne Trustee	1.0 0.0	X						0	0	0
Jeffrey S Bornstein Trustee	1.0 0.0	X						0	0	0
Jeffrey J Clarke Trustee	1.0 0.0	X						0	0	0
William J Conley Trustee	2.0 0.0	X						0	0	0
William J Cotter Trustee	1.0 0.0	X						0	0	0
Richard A D'Amore Trustee	5.0 0.0	X						0	0	0
Susan Deitch Trustee	1.0 0.0	X						0	0	0
Deborah Dunsire Trustee	1.0 0.0	X						0	0	0
Edmond J English Trustee	1.0 0.0	X						0	0	0

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			
Spencer T Fung Trustee	1.0 0.0	X						0	0	0
Edward Galante Trustee	2.0 0.0	X						0	0	0
Sir Lucian Grainge CBE Trustee	1.0 0.0	X						0	0	0
David House Trustee	1.0 0.0	X						0	0	0
William S Howard Trustee	1.0 0.0	X						0	0	0
Frances N Janis Trustee	1.0 0.0	X						0	0	0
Chaitanya Kanojia Trustee	1.0 0.0	X						0	0	0
Amin Khoury Trustee	1.0 0.0	X						0	0	0
Venetia Kontogouris Trustee	1.0 0.0	X						0	0	0
William A Lowell Trustee	2.0 0.0	X						0	0	0

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			
Katherine S McHugh Trustee	2.0 0.0	X						0	0	0
Alan S McKim Trustee	2.0 0.0	X						0	0	0
Todd M Manganaro Trustee	1.0 0.0	X						0	0	0
Henry J Nasella Trustee	1.0 0.0	X						0	0	0
Anita Nassar Trustee	1.0 0.0	X						0	0	0
James Pallotta Trustee	1.0 0.0	X						0	0	0
John V Pulichino Trustee	1.0 0.0	X						0	0	0
Marcy L Reed Trustee	2.0 0.0	X						0	0	0
Winslow L Sargeant Trustee	1.0 0.0	X						0	0	0
Jeannine P Sargent Trustee	1.0 0.0	X						0	0	0

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			
Ronald Sargent Trustee	1.0 0.0	X						0	0	0
Seymour Sternberg Trustee	1.0 0.0	X						0	0	0
Melpomeni Travlos Trustee	1.0 0.0	X						0	0	0
Joseph M Tucci Trustee	1.0 0.0	X						0	0	0
Christopher A Viehbacher Trustee	1.0 0.0	X						0	0	0
Christophe P Weber Trustee	1.0 0.0	X						0	0	0
Arthur Zafiropoulo Trustee	1.0 0.0	X						0	0	0
Michael J Zamkow Trustee	2.0 0.0	X						0	0	0
Philomena V Mantella SVP&CEO LIFELONG LEARN.NETWORK	40.0 0.0			X				730,624	0	107,478
Diane N MacGillivray SVP of University Advancement	40.0 0.0			X				767,082	0	157,185

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			
Michael A Armini SVP - External Affairs	40.0 0.0			X				481,745	0	95,553
Ralph C Martin II SVP and General Counsel	40.0 0.0			X				751,028	0	89,225
Thomas Nedell SVP Finance and Treasurer	40.0 0.0			X				631,016	0	134,069
Jim Bean Provost & SVP Academic Affairs	40.0 0.0			X				786,138	0	44,209
Kenneth W Henderson SVP Learning and Chancellor	40.0 0.0			X				431,175	0	58,836
Nadine Aubry Dean - College of Engineering	40.0 0.0				X			526,221	0	60,214
Sundar Kumarasamy VP - Enrollment Management	40.0 0.0				X			330,541	0	58,678
Mary Loeffelholz DEANCP&LIFELONG LEARN.NETWORK	40.0 0.0				X			389,428	0	40,338
Raj Echambadi DUNTON FAMILY DEANSHIP	40.0 0.0				X			592,483	0	58,338
Susan L Parish DEAN - BOUV HEALTH SCIENCES	40.0 0.0				X			404,329	0	58,005

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			
Alexandros Makriyannis George D. Behrakis Chair	40.0 0.0					X		594,073	0	32,150
William Coen Head Coach Men's Basketball	40.0 0.0					X		568,814	0	55,505
Albert-Laszlo Barabasi Univ. Distinguished Professor	40.0 0.0					X		560,114	0	58,764
Marc H Meyer ROBERT SHILLMAN PROFESSOR	40.0 0.0					X		578,878	0	64,615
Arthur Kramer PROFESSOR & DIRECTOR	40.0 0.0					X		539,950	0	39,142
Hugh Courtney Professor	40.0 0.0						X	232,598	0	54,888
Jack Reynolds ASSC.DEAN BOUV,DEAN&PROF PHA	40.0 0.0						X	268,776	0	54,669
John LaBrie PROFESSOR OF THE PRACTICE	40.0 0.0						X	243,537	0	42,317

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number
04-1679980

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	154,284,000	132,188,000	148,799,000	180,241,000	245,788,000	861,300,000
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4	Total. Add lines 1 through 3	154,284,000	132,188,000	148,799,000	180,241,000	245,788,000	861,300,000
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).						27,464,683
6	Public support. Subtract line 5 from line 4.						833,835,317

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4.	154,284,000	132,188,000	148,799,000	180,241,000	245,788,000	861,300,000
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,780,733	25,132,837	27,460,914	32,575,360	41,364,760	153,314,604
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	106,254	124,169	94,986	132,569		457,978
11	Total support. Add lines 7 through 10						1,015,072,582

12 Gross receipts from related activities, etc. (see instructions) **12** 6,639,575,003

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	82.145 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	84.967 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2017.** 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 VI 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10	OTHER INCOME REPRESENTS GROSS INCOME FROM FUNDRAISING EVENTS.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization NORTHEASTERN UNIVERSITY	Employer identification number 04-1679980
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		246,640
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		10,170
j Total. Add lines 1c through 1i			256,810
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1	The University retains legal counsel and other firms and employs staff who perform occasional lobbying activities. The University also pays membership dues to membership organizations which may engage in lobbying activities. Lobbying activities are focused on the interests of Northeastern University (including scientific research & student aid), its students and the higher education industry. During Fiscal Year 2019, payments for these services totaled \$256,810.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number
04-1679980

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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? Yes No

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? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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" on 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 |
|--|--------|
| 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, for escrow or custodial account liability? . . . **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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	881,994,000	833,321,000	748,849,000	792,626,000	779,720,000
b Contributions	218,161,000	8,187,000	11,149,000	8,951,000	22,807,000
c Net investment earnings, gains, and losses	64,539,000	69,901,000	103,885,000	-22,075,000	21,491,000
d Grants or scholarships	28,306,000	25,401,000	24,297,000	23,370,000	22,126,000
e Other expenditures for facilities and programs	4,178,000	2,090,000	4,155,000	5,677,000	7,529,000
f Administrative expenses	1,953,000	1,924,000	2,110,000	1,606,000	1,737,000
g End of year balance	1,130,257,000	881,994,000	833,321,000	748,849,000	792,626,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 59.370 %
 - b** Permanent endowment ▶ 38.850 %
 - c** Temporarily restricted endowment ▶ 1.780 %
- The percentages on 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 | Yes | No |
| 3a(i) | No | No |
| (ii) related organizations | | |
| 3a(ii) | No | No |
- b** If "Yes" on 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		28,498,000		28,498,000
b Buildings		1,982,547,000	590,770,000	1,391,777,000
c Leasehold improvements				
d Equipment		361,845,000	238,454,000	123,391,000
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,543,666,000

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) PRIVATE EQUITY	179,404,000	F
(B) HEDGE FUNDS	375,639,000	F
(C) OTHER INVESTMENTS	17,000,000	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	572,043,000	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
CAPITAL LEASE	22,857,000
INTEREST RATE SWAP AGREEMENTS	49,219,000
FEDERALLY FUNDED LOANS	30,624,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	102,700,000

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 (losses) 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.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-1679980

Name: NORTHEASTERN UNIVERSITY

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	SPENDING POLICY INCOME FROM QUASI ENDOWMENT FUNDS ARE TO BE USED AS DESIGNATED BY THE BOARD OF TRUSTEES FOR OPERATIONS. TERM ENDOWMENTS ARE TO BE USED AS PER THE DONOR WISHES UPON TERMINATION OF THE CONTRACT. SPENDING POLICY INCOME FROM TRUE ENDOWMENT FUNDS ARE TO BE USED AS SET FORTH BY THE DONOR. CURRENTLY THESE FUNDS PRIMARILY SUPPORT SCHOLARSHIPS AND PROFESSORSHIPS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	GAAP requires that Northeastern evaluate tax positions taken by the University and recognize a tax liability (or asset) if the University has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service ("IRS"). The University has analyzed the tax positions taken and has concluded that as of June 30, 2019, there are no significant uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990EZ for the latest instructions.**

Department of the Treasury
Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number
04-1679980

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
RACIALLY NONDISCRIMINATORY POLICY	SCHEDULE E, LINE 3 THE UNIVERSITY PUBLISHES ITS RACIALLY NONDISCRIMINATORY POLICY IN THE LEGAL NOTICE SECTION OF LOCAL NEWSPAPERS, IN UNIVERSITY PUBLICATIONS AND ADVERTISEMENTS, ONLINE, AND VIA EMAIL.
GOVERNMENTAL AID OR ASSISTANCE	SCHEDULE E, LINE 6A THE UNIVERSITY RECEIVES FINANCIAL ASSISTANCE FOR ITS FINANCIAL AID PROGRAMS FROM VARIOUS PROGRAMS OF THE DEPARTMENT OF EDUCATION AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number
04-1679980

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities 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					32,391,763
b Total from continuation sheets to Part I					134,025,190
c Totals (add lines 3a and 3b)	1	18			166,416,953

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)
See Add'l Data								

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 ▶ 11

3 Enter total number of other organizations or entities ▶ 0

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 separately 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; don't file with Form 990)* 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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	NORTHEASTERN UNIVERSITY ("NU") HAS A FULL TIME EMPLOYEE TO MONITOR ALL NU-ISSUED SUBAWARDS AND NU FOLLOWS FEDERAL REGULATIONS AS PART OF THE SUBRECIPIENT MONITORING UNDER Uniform Guidance 2 CFR 200; THE PRINCIPAL INVESTIGATOR FOR EACH AWARD MONITORS THEM AS WELL. NU reviews the institutions single audit under Uniform Guidance through the Federal Audit Clearinghouse website. Suspension and debarment statuses are reviewed in Sam.gov prior to each issuance. DESK REVIEWS ARE PERFORMED IF NEEDED AND PRINCIPAL INVESTIGATORS REVIEW AND APPROVE/DISAPPROVE ALL INVOICES.

Additional Data

Software ID:

Software Version:

EIN: 04-1679980

Name: NORTHEASTERN UNIVERSITY

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			Program Services	Conference/Workshops	9,954
Central America and the Caribbean			Program Services	Program Development	8,492

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			Program Services	Recruiting	14,122
Central America and the Caribbean			Program Services	Research	18,081

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			Program Services	Study Abroad	162,695
East Asia and the Pacific			Program Services	Conference/Workshops	366,085

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
East Asia and the Pacific			Program Services	Co-op Job Development	11,557
East Asia and the Pacific			Program Services	Program Development	275,688

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
East Asia and the Pacific			Program Services	Recruiting	3,680,543
East Asia and the Pacific			Program Services	Research	78,010

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
East Asia and the Pacific			Program Services	Study Abroad	3,393,583
Europe (Including Iceland and Greenland)			Program Services	Conference/Workshops	391,679

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)			Program Services	Co-op Job Development	20,268
Europe (Including Iceland and Greenland)			Program Services	Program Development	847,165

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)			Program Services	Recruiting	123,574
Europe (Including Iceland and Greenland)			Program Services	Research	149,884

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)			Program Services	Study Abroad	22,840,383
Middle East and North Africa			Program Services	Conference/Workshops	21,686

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
Middle East and North Africa			Program Services	Co-op Job Development	3,036
Middle East and North Africa			Program Services	Program Development	50,975

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
Middle East and North Africa			Program Services	Recruiting	27,946
Middle East and North Africa			Program Services	Research	6,577

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
Middle East and North Africa			Program Services	Study Abroad	319,729
North America			Program Services	Conference/Workshops	69,758

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			Program Services	Co-op Job Development	1,629
North America	1	18	Program Services	Program Development	388,972

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			Program Services	Recruiting	38,283
North America			Program Services	Research	12,830

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			Program Services	Study Abroad	3,052,146
Russia and the Newly Independent States			Program Services	Program Development	4,942

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
Russia and the Newly Independent States			Program Services	Study Abroad	140,489
South America			Program Services	Conference/Workshops	6,280

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 America			Program Services	Program Development	22,712
South America			Program Services	Recruiting	21,258

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 America			Program Services	Research	6,200
South America			Program Services	Study Abroad	361,907

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	Conference/Workshops	8,408
South Asia			Program Services	Program Development	24,819

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	Recruiting	169,409
South Asia			Program Services	Research	12,999

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	Study Abroad	306,344
Sub-Saharan Africa			Program Services	Conference/Workshops	3,748

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
Sub-Saharan Africa			Program Services	Program Development	5,143
Sub-Saharan Africa			Program Services	Recruiting	1,913

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
Sub-Saharan Africa			Program Services	Research	5,152
Sub-Saharan Africa			Program Services	Study Abroad	321,297

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			Investments		60,809,485
East Asia and the Pacific			Investments		256,331

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)			Investments		67,542,787

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUB-AWARD	80,123	CHECK			
		North America	SUB-AWARD	47,491	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	SUB-AWARD	45,000	CHECK			
		Europe (Including Iceland and Greenland)	SUB-AWARD	36,700	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SUB-AWARD	28,018	CHECK			
		Middle East and North Africa	SUB-AWARD	25,873	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUB-AWARD	110,955	CHECK			
		Europe (Including Iceland and Greenland)	SUB-AWARD	140,200	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUB-AWARD	200,032	CHECK			
		Europe (Including Iceland and Greenland)	SUB-AWARD	206,876	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUB-AWARD	307,995	CHECK			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization NORTHEASTERN UNIVERSITY

Employer identification number 04-1679980

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<u>Athletics Golf</u> (event type)	<u>Ice Hockey Golf</u> (event type)	<u>4</u> (total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	113,510	58,472	102,575	274,557
	2 Less: Contributions	93,225	37,927	65,440	196,592
	3 Gross income (line 1 minus line 2)	20,285	20,545	37,135	77,965
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	35,736	12,225	25,257	73,218
	7 Food and beverages	15,815	11,491	25,208	52,514
	8 Entertainment	2,100			2,100
	9 Other direct expenses	9,502	7,552	5,666	22,720
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				150,552
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-72,587	

Part III Gaming. Complete if the organization answered "Yes" on 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct 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 conducted 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. 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 provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization NORTHEASTERN UNIVERSITY

Employer identification number

04-1679980

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 110
3 Enter total number of other organizations listed in the line 1 table 12

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STUDENT FINANCIAL AID	15328		352,627,801	COST	TUITION OFFSET
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	GRANT FUNDING IS AWARDED TO STUDENTS BY STUDENT FINANCIAL SERVICES WITHIN ESTABLISHED BUDGET LEVELS BASED ON UNIVERSITY POLICIES. GRANT FUNDS ARE CREDITED TO INDIVIDUAL STUDENT ACCOUNTS ELECTRONICALLY. STUDENT FINANCIAL SERVICES WORKS WITH ADVANCEMENT STAFF TO ENSURE THAT RESTRICTED FUNDS ARE AWARDED WITHIN ESTABLISHED CRITERIA, AND WITH FINANCE STAFF TO DETERMINE AVAILABILITY OF FUNDS. STUDENT FINANCIAL SERVICES MAINTAINS INTERNAL POLICIES AND PROCEDURES FOR THE CORRECT AWARDED AND ADJUSTING OF INSTITUTIONAL FUNDS. ANNUAL AUDITS ARE CONDUCTED TO ASSURE COMPLIANCE WITH ALL POLICIES AND PROCEDURES. NORTHEASTERN UNIVERSITY (NU) HAS A FULL TIME EMPLOYEE TO MONITOR ALL SUBAWARDS. - NU FOLLOWS FEDERAL REGULATIONS AS PART OF THE SUBRECIPIENT MONITORING UNDER UNIFORM GUIDANCE 2 CFR 200. - NU reviews the institutions single audit under Uniform Guidance through the Federal Audit Clearinghouse website. - Suspension and debarment statuses are reviewed in Sam.gov prior to each issuance. - DESK REVIEWS ARE PERFORMED, AND PRINCIPAL INVESTIGATORS APPROVE ALL INVOICES.

Additional Data

Software ID:
Software Version:
EIN: 04-1679980
Name: NORTHEASTERN UNIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Suffolk University 8 Ashburton Pl Boston, MA 02108	04-2133255	501(c)(3)	40,836				SUB-AWARD
Rensselaer Polytechnic Institute 110 8th St Troy, NY 12180	14-1340095	501(c)(3)	211,255				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Research Foundation for The State University of Ne 402 Crofts Hall Buffalo, NY 14260	14-1368361	115	158,379				SUB-AWARD
Univeristy of Texas Medical Branch at Galveston 301 University Blvd Galveston, TX 77555	17-4600094	115	63,263				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Jersey Institute of Technology University Heights Newark, NJ 071021982	22-1714037	501(c)(3)	41,193				SUB-AWARD
Rowan University 201 Mullica Hill Rd Glassboro, NJ 08028	22-2764819	115	144,490				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University Of Rhode Island 70 Lower College Rd Kingston, RI 02881	22-3011455	115	209,030				SUB-AWARD
Rutgers University 110 Frelinghuysen Rd Piscataway, NJ 08854	22-6001086	501(c)(3)	110,656				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Pennsylvania 3451 Walnut St Philadelphia, PA 191046205	23-1352685	115	110,216				SUB-AWARD
Temple Univ 1801 N Broad St Philadelphia, PA 19122	23-1365971	501(c)(3)	38,556				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lafayette College 219 Markle Hall Easton, PA 18042	24-0795686	501(c)(3)	10,850				SUB-AWARD
Rutgers University - Hoover Donald 150 Brittany Way Blue Bell, PA 19422	27-0406642	501(c)(3)	15,875				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ohio State University 1960 Kenny Rd Columbus, OH 432101016	31-6025986	115	100,771				SUB-AWARD
Scripps Research Institute 10550 N Torrey Pines Rd La Jolla, CA 92037	33-0435954	501(c)(3)	249,061				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Case Western Reserve University 10900 Euclid Ave Cleveland, OH 44106	34-1018992	501(c)(3)	73,564				SUB-AWARD
University Of Notre Dame 415 Main bldg Notre Dame, IN 46556	35-0868188	501(c)(3)	344,078				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Indiana University 509 E 3rd St Bloomington, IN 47401	35-6001673	115	212,874				SUB-AWARD
Purdue University 1065 Freehafer Hall W Lafayette, IN 47907	35-6002041	501(c)(3)	261,510				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwestern University 2233 Tech Dr Evanston, IL 60208	36-2167817	501(c)(3)	80,290				SUB-AWARD
University of Illinois 506 S Wright St Urbana, IL 61801	37-6000511	115	24,670				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Michigan State Univ 301 Admin Bldg East Lansing, MI 48824	38-6005984	115	45,282				SUB-AWARD
University of Michigan 3089 Wolverine Tower Ann Arbor, MI 48109	38-6006309	115	647,308				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Marquette University 1324 West Wisconsin Ave- Suite 341 Milwaukee, WI 53233	39-0806251	501(c)(3)	81,417				SUB-AWARD
Rupcich Franco 8727 Glencoe Circle Wauwatosa, WI 53226	39-5948991	N/A	25,000				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Louis University 1 N Grand Blvd St Louis, MO 63103	43-0654872	115	38,092				SUB-AWARD
General Dynamics Mission Systems Inc 12450 Fair Lakes Circle Fairfax, VA 22033	45-0484950	N/A	313,159				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US Ignite Inc 1150 18th Street NW Washington, DC 20036	45-3943413	501(c)(3)	4,641,954				SUB-AWARD
MassRobotics Inc 12 Channel St Boston, MA 02210	47-1919754	501(c)(3)	11,890				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boston Medical Center Corporation 1 Boston Med Ctr Pl Boston, MA 02118	47-3314093	501(c)(3)	29,688				SUB-AWARD
University Of Delaware 621 S College Ave Newark, DE 19716	51-6000297	115	70,043				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Connecticut Health Center 263 Farmington Ave Farmington, CT 06032	52-1725543	115	199,610				SUB-AWARD
J Craig Venter Institute 4120 Capricorn Ln La Jolla, CA 92037	52-1842938	501(c)(3)	410,613				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DB Consulting 8401 Colesville Rd Silver Spring, MD 20910	52-2274227	N/A	112,213				SUB-AWARD
University of Maryland 3112 Lee Building College Park, MD 20742	52-6002033	115	57,091				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Catholic University of America 620 Michigan Ave Washington, DC 20064	53-0196583	501(c)(3)	41,605				SUB-AWARD
International Assoc of Chiefs of Police Inc 515 N Washington St Alexandria, VA 22314	53-0227813	501(c)(3)	8,952				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Commonwealth Univ Dept Of Chemistry Richmond, VA 23284	54-6001758	115	74,172				SUB-AWARD
Virginia Polytechnic Institute & State University 300 Turner Street NW Blacksburg, VA 24061	54-6001805	115	63,157				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
West Virginia University Research Corporation One Waterfront Pl Morgantown, WV 26506	55-0665758	115	51,142				SUB-AWARD
Duke University 2200 West Main St Durham, NC 27705	56-0532129	501(c)(3)	314,375				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of North Carolina at Pembroke Lumbee Hall 411 Pembroke, NC 28372	56-6000805	115	31,986				SUB-AWARD
North Carolina State University 104 Airport Drive Chapel Hill, NC 27599	56-6001393	115	61,181				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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University of South Carolina 1600 Hampton St Columbia, SC 29208	57-6001153	115	117,805				SUB-AWARD
Georgia Tech Research Corp 505 10th Street NW Atlanta, GA 303320420	58-0603146	501(c)(3)	25,988				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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University of Georgia Research Foundation Inc 310 E Campus Rd Athens, GA 306021589	58-1353149	501(c)(3)	717,205				SUB-AWARD
University Of Georgia 424 East Broad St Athens, GA 30602	58-6001998	501(c)(3)	162,969				SUB-AWARD

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Nova Southeastern University Inc 3301 College Ave Fort Lauderdale, FL 33314	59-1083502	501(c)(3)	23,519				SUB-AWARD
Florida International University 600 W College Ave Tallahassee, FL 32306	59-1961248	115	114,188				SUB-AWARD

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The University of Central Florida Board of Trustee 12716 Pegasus Dr Orlando, FL 32816	59-2924021	115	12,791				SUB-AWARD
University of Tennessee 1534 White Ave Knoxville, TN 37996	62-6001636	115	77,098				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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University Of Alabama Box 870104 Tuscaloosa, AL 35487	63-6001138	115	15,089				SUB-AWARD
University of Southern Mississippi 118 College Dr Hattiesburg, MS 39406	64-6000818	115	3,465,909				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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University of Puerto Rico - Mayaguez Campus 259 Blvd Alfonso Valdez Mayaguez, PR 00680	66-0433761	115	575,722				SUB-AWARD
Baylor College of Medicine One Baylor plaza Waco, TX 77030	74-1613878	501(c)(3)	22,591				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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University of Texas Austin 111 East 17th St Austin, TX 78774	74-6000089	115	244,707				SUB-AWARD
University of Houston 4800 Calhoun Rd Houston, TX 77004	74-6001399	115	872,975				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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University of Texas at Arlington 701 S Nedderman Dr Arlington, TX 76019	75-6000121	115	186,825				SUB-AWARD
University of North Texas 1155 Union Circle Denton, TX 762035017	75-6002149	115	1,544,044				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Faraday Technology Inc 315 Huls Dr Englewood, OH 45315	79-3274747	N/A	143,715				SUB-AWARD
New Mexico State University 2850 Weddell Las Cruces, NM 88003	85-6000401	115	18,185				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Board of Trustees of Whitman College 345 Boyer Ave Walla Walla, WA 993622067	91-0567740	501(c)(3)	13,055				SUB-AWARD
University of Washington PO Box 43113 Olympia, WA 98504	91-6001089	115	115,482				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Washington State University PO Box 64133 Pullman, WA 99164	91-6033434	115	6,163				SUB-AWARD
San Francisco State University 1600 Holloway Ave San Francisco, CA 94132	93-1137247	115	181,167				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Oregon State University 3181 Sam Jackson Park Rd Portland, OR 97239	93-1176109	115	48,934				SUB-AWARD
University of the Pacific 3601 Pacific Ave Stockton, CA 95211	94-1156266	501(c)(3)	15,610				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Sri International 333 Ravenwood Ave Menlo Park, CA 94025	94-1160950	501(c)(3)	15,431				SUB-AWARD
University of California 3227 Cheadle Hall Los Angeles, CA 93106	94-6002123	115	467,149				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Regents of the Univ of California 1 Shields Ave Davis, CA 95617	94-6036494	115	52,924				SUB-AWARD
Northrop Grumman Corporation 600 S Hicks Road Rolling Meadows, IL 60008	95-1055798	N/A	175,812				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Regents University of California Los Angeles 10889 Wilshire Blvd Los Angeles, CA 90095	95-6006143	115	24,552				SUB-AWARD
University Of Ca At San Diego 9500 Gilman Drive La Jolla, CA 92093	95-6006144	115	85,366				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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University Of Hawaii 2440 Campus Rd Honolulu, HI 968222234	99-6000354	115	23,269				SUB-AWARD
University Of New Hampshire 51 College Rd Durham, NH 03824	02-6000937	115	25,079				SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Beth Israel Deaconess Medical Center Inc 330 Brookline Avenue Boston, MA 02115	04-1203881	501(c)(3)	345,873				SUB-AWARD
Trustees of Boston College 140 Comm Ave Chestnut Hill, MA 02467	04-2103545	501(c)(3)	19,619				SUB-AWARD

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Boston University 25 Buick Street Boston, MA 02215	04-2103547	501(c)(3)	952,589				SUB-AWARD
President & Fellows of Harvard College 1350 Massachusetts Ave Cambridge, MA 02138	04-2103580	501(c)(3)	447,111				SUB-AWARD

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Massachusetts Institute of Technology 77 Massachusetts Ave Cambridge, MA 02139	04-2103594	501(c)(3)	1,378,401				SUB-AWARD
Tufts University 169 Holland Street Somerville, MA 02144	04-2103634	501(c)(3)	405,170				SUB-AWARD

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Wellesley College 106 Central St Wellesley, MA 02481	04-2103637	501(c)(3)	10,197				SUB-AWARD
Worcester Polytechnic Inst 100 Institute Road Worcester, MA 01609	04-2121659	501(c)(3)	46,045				SUB-AWARD

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Health Resources in Action 95 Berkeley St Boston, MA 02116	04-2229839	501(c)(3)	19,250				SUB-AWARD
Dana-Farber Cancer Institute Inc 44 Binney Street Boston, MA 02115	04-2263040	501(c)(3)	126,563				SUB-AWARD

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Brigham and Women's Hospital 75 Francis Street Boston, MA 02115	04-2312909	501(c)(3)	62,533				SUB-AWARD
Northern Essex Community College 100 Elliot St Haverhill, MA 01830	04-2498732	115	8,511				SUB-AWARD

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Charles Stark Draper Laboratory Inc 555 Technology Square Cambridge, MA 02139	04-2505372	501(c)(3)	6,426				SUB-AWARD
Public Health Advocacy Institute 360 Huntington Ave Boston, MA 02115	04-2668916	501(c)(3)	42,599				SUB-AWARD

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The McLean Hospital Corporation 115 Mill Street Belmont, MA 02478	04-2697981	115	245,589				SUB-AWARD
General Hospital Corporation Rich Simches Research Ctr Boston, MA 02114	04-2697983	501(c)(3)	767,429				SUB-AWARD

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Middlesex Community College 33 Kearney Square Lowell, MA 01852	04-2720058	115	10,435				SUB-AWARD
Boston Childrens Hospital 300 Longwood Avenue Boston, MA 02115	04-2774441	501(c)(3)	197,824				SUB-AWARD

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Novobiotic Pharmaceuticals LLC 767C Concord Avenue Cambridge, MA 02138	04-2887211	N/A	412,596				SUB-AWARD
University of Massachusetts 70 Butterfield Terr Amherst, MA 01003	04-3167352	115	1,159,258				SUB-AWARD

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Silent Spring Institute 29 Crafts St Newton, MA 02458	04-3237106	501(c)(3)	57,314				SUB-AWARD
Boston Public Health Commission 1010 Massachusetts Ave 2 Boston, MA 02118	04-3316655	115	48,246				SUB-AWARD

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Bedford VA Research Corporation Inc 200 Springs Rd Bedford, MA 01730	04-3512440	501(c)(3)	15,036				SUB-AWARD
MassBay Community College 50 Oakland Street Wellesley Hills, MA 02481	04-6002284	115	16,529				SUB-AWARD

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Technical Education Research Centers 2067 Massachusetts Ave Cambridge, MA 02140	04-6134355	501(c)(3)	17,040				SUB-AWARD
Emma Pendelton Bradley Hospital 110 Vet Mem Pkwy Providence, RI 02915	05-0258806	501(c)(3)	27,520				SUB-AWARD

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Brown University 164 Angell Street Providence, RI 02912	05-0258809	501(c)(3)	307,172				SUB-AWARD
Butler Hospital 345 Blackstone Blvd Providence, RI 02906	05-0258812	501(c)(3)	38,841				SUB-AWARD

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Rhode Island Hospital 593 Eddy Street Providence, RI 029034923	05-0258954	501(c)(3)	215,500				SUB-AWARD
Yale University 165 Prospect St New Haven, CT 06511	06-0646973	501(c)(3)	56,560				SUB-AWARD

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University of Connecticut 438 Whitney St Storrs, CT 06269	06-0772160	115	248,760				SUB-AWARD
Cornell University 136 Hoy Road Ithaca, NY 14853	15-0532082	501(c)(3)	137,013				SUB-AWARD

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Concurrent Technologies Corporation ATTN Accounts Rec Johnstown, PA 15904	25-1556708	501(c)(3)	1,274,283				SUB-AWARD
University of Wisconsin-Madison Drawer 538 Milwaukee, WI 53278	39-6006492	115	124,609				SUB-AWARD

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Massachusetts Materials Technologies LLC 167 Prospect Street Waltham, MA 02453	46-5654253	N/A	48,714				SUB-AWARD
University of Nebraska 312 N 14th Street Lincoln, NE 68588	47-0049123	115	9,574				SUB-AWARD

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UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE 9201 Univ City Blvd Charlotte, NC 28223	56-0791228	115	85,370				SUB-AWARD
Clark Atlanta University Inc 223 James P Brawley Dr Atlanta, GA 30314	58-1825259	501(c)(3)	183,961				SUB-AWARD

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Extra Ludic Inc 6 Maple Avenue Salem, MA 01970	81-1482252	N/A	30,750				SUB-AWARD
KnoNap - Danya Sherman 68 Wendall Street Cambridge, MA 02138	81-3899804	N/A	6,000				SUB-AWARD

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University Of Colorado 633 17th Street Denver, CO 80202	84-0644739	115	458,922				SUB-AWARD
University of Southern California 3500 S Figueroa St Los Angeles, CA 90089	95-1642394	115	320,142				SUB-AWARD

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California Institute of Technology 1200 E California Blvd Pasadena, CA 91125	95-1643307	115	106,942				SUB-AWARD
Recinto De Ciencias Medicas Office of Sponsored Programs PO Box Ramat Gan, PR 00936	66-0433762	115	173,820				SUB-AWARD

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Intellisense Systems Inc 20600 Gramercy Place San Juan, CA 90501	82-3054429	N/A	171,787				SUB-AWARD
Survive Engineering Company LLC 4695 Millennium Drive Torrance, MD 21017	20-8268821	N/A	139,220				SUB-AWARD

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Command Strategies LLC 1655 North Ft Meyer Drive Belcamp, VA 22209	26-4064164	N/A	30,000				SUB-AWARD
City of Boston 26 Court Street Arlington, MA 02108	04-6001380	115	10,250				SUB-AWARD

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2018
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number
04-1679980

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 directors, trustees, officers, including 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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
8 Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

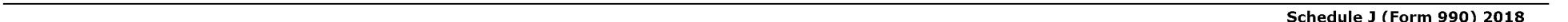
Part III Supplemental Information

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.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1	<p>THE UNIVERSITY WILL APPROVE FIRST CLASS AIR TRAVEL, IF BUSINESS CLASS IS NOT AVAILABLE, FOR THE PRESIDENT AS APPROPRIATE. TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN TAXABLE WAGES. THE PRESIDENT HAS AUTHORITY TO APPROVE FIRST CLASS TRAVEL IF NECESSARY IN CERTAIN CIRCUMSTANCES FOR INDIVIDUALS LISTED IN SCHEDULE J, PART II. THREE OFFICERS AND ONE HIGHEST COMPENSATED EMPLOYEE USED SUCH ACCOMMODATIONS FOR BUSINESS PURPOSES DURING THE YEAR ENDED DECEMBER 31, 2018. THE PRESIDENT'S SPOUSE TRAVELS ON OCCASION WITH THE PRESIDENT WHEN NECESSARY FOR BUSINESS PURPOSES AND UPON APPROVAL OF THE CHAIRMAN OF THE BOARD. TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN TAXABLE WAGES. HOUSING IS PROVIDED FOR THE PRESIDENT AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE EMPLOYER AND IS NOT INCLUDED IN TAXABLE WAGES. SOCIAL CLUB DUES ARE PROVIDED FOR THE PRESIDENT. USE OF THE SOCIAL CLUB IS FOR BUSINESS PURPOSES ONLY AND DUES ARE NOT INCLUDED IN TAXABLE WAGES.</p>

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	CERTAIN INDIVIDUALS PARTICIPATED IN LONG TERM INCENTIVE PLANS UNDER WHICH A DEFERRED PAYMENT IS AWARDED CONTINGENT ON CONTINUED EMPLOYMENT WITH THE UNIVERSITY UNTIL THE DATE THE PLAN BECOMES PAYABLE AND THE ACHIEVEMENT OF CERTAIN CRITICAL UNIVERSITY GOALS. AMOUNTS ACCRUED BUT NOT PAID IN THE YEAR ARE REPORTED ON FORM 990, SCHEDULE J, PART II, COLUMN C AS DEFERRED COMPENSATION. THERE WERE NO INDIVIDUALS WHO RECEIVED PAYMENTS UNDER LONG TERM INCENTIVE PLANS IN 2018.

Return Reference	Explanation
Schedule J, Part I, Line 7	Payments which are part of a Variable pay plan are included in SCHEDULE J, PART II, COLUMN B, THE SECTION FOR REPORTING BONUS AND INCENTIVE COMPENSATION. THIS PLAN IS BASED ON ACHIEVEMENT OF PRE-ESTABLISHED GOALS. IT IS APPROVED BY THE BOARD OF TRUSTEES FOR THE PRESIDENT AND OTHER OFFICERS. OTHER EMPLOYEES HAVE RECEIVED BONUSES WHICH ARE AWARDED TO A LIMITED NUMBER OF EMPLOYEES FOR EXCEPTIONAL CONTRIBUTIONS.



Additional Data

Software ID:
Software Version:
EIN: 04-1679980
Name: NORTHEASTERN UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Joseph E Aoun President/Trustee	(i)	955,807	210,000	98,925	220,920	149,192	1,634,844	0
	(ii)	0	0	0	0	0	0	0
Philomena V Mantella SVP&CEO LIFELONG LEARN.NETWORK	(i)	599,999	85,000	45,625	77,500	29,978	838,102	0
	(ii)	0	0	0	0	0	0	0
Diane N MacGillivray SVP of University Advancement	(i)	630,416	90,000	46,666	127,500	29,685	924,267	0
	(ii)	0	0	0	0	0	0	0
Michael A Armini SVP - External Affairs	(i)	410,873	50,000	20,872	67,500	28,053	577,298	0
	(ii)	0	0	0	0	0	0	0
Ralph C Martin II SVP and General Counsel	(i)	628,631	75,000	47,397	77,500	11,725	840,253	0
	(ii)	0	0	0	0	0	0	0
Thomas Nedell SVP Finance and Treasurer	(i)	543,011	53,394	34,611	77,500	56,569	765,085	0
	(ii)	0	0	0	0	0	0	0
Jim Bean Provost & SVP Academic Affairs	(i)	624,523	75,000	86,615	27,500	16,709	830,347	0
	(ii)	0	0	0	0	0	0	0
Kenneth W Henderson SVP Learning and Chancellor	(i)	339,869	34,120	57,186	27,500	31,336	490,011	0
	(ii)	0	0	0	0	0	0	0
Nadine Aubry Dean - College of Engineering	(i)	500,149		26,072	27,500	32,714	586,435	0
	(ii)	0		0	0	0	0	0
Hugh Courtney Professor	(i)	230,276		2,322	24,238	30,650	287,486	0
	(ii)	0		0	0	0	0	0
Sundar Kumarasamy VP - Enrollment Management	(i)	308,706	15,836	5,999	27,500	31,178	389,219	0
	(ii)	0	0	0	0	0	0	0
Jack Reynolds ASSC.DEAN BOUV,DEAN&PROF PHA	(i)	201,282		67,494	27,500	27,169	323,445	0
	(ii)	0		0	0	0	0	0
Mary Loeffelholz DEANCPS&LIFELONG LEARN.NETWORK	(i)	295,193	34,000	60,235	27,500	12,838	429,766	0
	(ii)	0	0	0	0	0	0	0
Raj Echambadi DUNTON FAMILY DEANSHIP	(i)	510,391	51,000	31,092	27,500	30,838	650,821	0
	(ii)	0	0	0	0	0	0	0
Susan L Parish DEAN - BOUV HEALTH SCIENCES	(i)	352,894	36,000	15,435	27,500	30,505	462,334	0
	(ii)	0	0	0	0	0	0	0
John LaBrie PROFESSOR OF THE PRACTICE	(i)	188,933		54,604	21,533	20,784	285,854	0
	(ii)	0		0	0	0	0	0
Alexandros Makriyannis George D. Behrakis Chair	(i)	381,924		212,149	27,500	4,650	626,223	0
	(ii)	0		0	0	0	0	0
William Coen Head Coach Men's Basketball	(i)	527,681	12,500	28,633	27,500	28,005	624,319	0
	(ii)	0	0	0	0	0	0	0
Albert-Laszlo Barabasi Univ. Distinguished Professor	(i)	352,689		207,425	27,500	31,264	618,878	0
	(ii)	0		0	0	0	0	0
Marc H Meyer ROBERT SHILLMAN PROFESSOR	(i)	295,530		283,348	27,500	37,115	643,493	0
	(ii)	0		0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Arthur Kramer PROFESSOR & DIRECTOR	(i)	398,685	21,844	119,421	27,500	11,642	579,092	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NORTHEASTERN UNIVERSITY

Employer identification number

04-1679980

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include MHEFA, MDFA, and MHEFA issues.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include amounts of bonds retired, legally defeased, total proceeds, gross proceeds in reserve funds, capitalized interest, refunding escrows, issuance costs, credit enhancement, working capital expenditures, capital expenditures, other spent/unspent proceeds, and year of substantial completion.

Part III Private Business Use

Table with 2 rows and 10 columns (A-D, Yes/No). Rows include questions about partnership/LLC ownership and lease arrangements for private business use.

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		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		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		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		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 ▶	4.000 %		4.100 %		2.600 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	4.000 %		4.100 %		2.600 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		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		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		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		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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X			X		X
b Exception to rebate?	X		X		X		X	
c No rebate due?	X			X	X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SET 1 BONDS - COLUMN A	<p>Part I (f): the bonds current refund the Series L, issued January 16, 2001, the Series N, issued January 15, 2003, the Series O, issued February 10, 2005, and the Series P, issued July 10, 2007. Part II, Line 1: Consisted of the current refunding of Series Q by the Series 2010, the current refunding of Series S by the Series 2012, and the Series T-3 Libor reissuance. Part II, Line 3: Amount listed differs from the issue price listed in Part I (e) due to interest earnings on invested proceeds. Part II, Line 13: Proceeds of the bonds were issued for the purpose of current refunding; therefore, the project period is not applicable for this bond issue. Part III, line 7: As provided in Treasury Regulation Section 1.141-4(c)(2)(i)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use. Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, line 6. The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private security test with respect to the bonds, as the business use and/or unrelated trade or business reported in Part III, line 6, is not in excess of amounts permitted under Section 145 of the Code. Part IV, Line 2b: The current refunding portion of the bonds has qualified for the 6-months exception to rebate. Part IV, Line 2c: Arbitrage Rebate report was completed on June 30, 2018. Column B: Part I (f): Reissuance of Series T-3 (2008) Part II, Line 13: Proceeds of the bonds were issued for the purpose of current refunding; therefore, the project period is not applicable for this bond issue. Part III, Line 7: As provided in Treasury Regulation Section 1.141-4(c)(2)(i)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use. Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, Line 6. The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private business use and/or unrelated trade or business reported in Part III, Line 6, is not in excess of amounts permitted under Section 145 of the Code. Part IV, Line 2(b): The refunding portion of Bonds has met the 6-month expenditure exception to rebate. Part IV, Line 2(c): The tenth year Rebate Report, dated July 16, 2018, was prepared by AMTEC Column C: Part II, Line 3: Total proceeds of issue the difference between part I, column E and Issue price Part II line 3, total proceeds of issue is due to investment earnings. Part IV, Line 2c - Date rebate calculation was performed July 11, 2017 Column D: Part I (f): The bonds currently refunded Series 1999I, issued on May 26, 1999, Series 2008Q, issued on May 28, 2008, Series 2008U Bonds,</p>

Return Reference	Explanation
SET 1 BONDS - COLUMN A	issued on July 31, 2008, and Series 2008W, issued on December 17, 2008. Part II, Line 13: Proceeds of the bonds were issued for the purpose of current refunding; therefore, the project period is not allocable for this bond issue. Part III: The Bonds were used to refund bonds issued before January 1, 2003, and bonds issued after January 1, 2003 with the purpose of refunding bonds that were issued before January 1, 2003. As such, the Issuer has not completed Part III. Part IV, Line 2(b): All Bond proceeds have met the 6-month expenditure exception. Part IV, Line 2(c): The Rebate Report, dated July 16, 2018, was prepared by A MTEC.

Return Reference	Explanation
SET 2 BONDS - COLUMN A	<p>Part I (f): The Bonds currently refunded Series S Bonds (issued on May 22, 2008). Difference between Part I(e) and Part II, Line 3 is due to interest earnings on bond proceeds. Part II, Line 13: Proceeds of the Bonds were issued for the purpose of current refunding; therefore, the project period is not applicable for this bond issue. Part III, Line 7: As provided in Treasury Regulation Section 1.141-4(c)(2)(i)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use. Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, Line 6. The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private business use and/or unrelated trade or business reported in Part III, Line 6, is not in excess of amounts permitted under Section 145 of the Code. Part IV, Line 2(b): The refunding portion of Bonds has met the 6-month expenditure exception to rebate. Part IV, Line 2(c): The fifth year Rebate Report, dated July 11, 2017, was prepared by AMTEC. Column B: Part I (f): To finance capital projects. Difference between Part I(e) and Part II, Line 3 is due to interest earnings on bond proceeds. Part III, Line 7: As provided in Treasury Regulation Section 1.141-4(c)(2)(i)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use. Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, Line 6. The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private business use and/or unrelated trade or business reported in Part III, Line 6, is not in excess of amounts permitted under Section 145 of the Code. Column C: Part I (f): the bonds current refund the Series R, issued May 22, 2008. Part II, Line 13: Proceeds of the bonds were issued for the purpose of current refunding; therefore, the project period is not applicable for this bond issue. Part III, line 7: As provided in Treasury Regulation Section 1.141-4(c)(2)(i)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use. Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, line 6. The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private security test with respect to the bonds, as the business use and/or unrelated trade or business reported in Part III, line 6, is not in excess of amounts permitted under Section 145 of the Code. Part IV, Line 2b: The Bonds have met the requirements of the 6-months excep</p>

Return Reference	Explanation
SET 2 BONDS - COLUMN A	tion to rebate.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number

04-1679980

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 MDFA	04-3431814	57583USR0	09-13-2012	58,405,024	SEE PART VI		X		X		X
B MDFA	04-3431814	57583UA81	01-23-2014	152,658,416	SEE PART VI		X		X		X
C MDFA	04-3431814	57584YKM0	07-25-2018	70,266,217	SEE PART VI		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	0	0	0	
2 Amount of bonds legally defeased	0	0	0	
3 Total proceeds of issue	58,405,026	153,563,071	70,266,217	
4 Gross proceeds in reserve funds	0	0	0	
5 Capitalized interest from proceeds	0	0	0	
6 Proceeds in refunding escrows	0	0	0	
7 Issuance costs from proceeds	430,026	1,060,902	491,516	
8 Credit enhancement from proceeds	0	0	0	
9 Working capital expenditures from proceeds	0	0	0	
10 Capital expenditures from proceeds	0	152,502,169	0	
11 Other spent proceeds	57,975,000	0	69,774,702	
12 Other unspent proceeds	0	0	0	
13 Year of substantial completion	2017			
	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	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		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		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		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		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X	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			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 ▶		1.300 %		0 %		2.000 %		
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		
6 Total of lines 4 and 5		1.300 %		0 %		2.000 %		
7 Does the bond issue meet the private security or payment test?		X		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		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		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		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X			
b Exception to rebate?	X			X	X			
c No rebate due?	X		X			X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NORTHEASTERN UNIVERSITY

Employer identification number

04-1679980

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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.

Table with 4 main columns: (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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (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

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
(1) NICKOLAS AVERY	Family Member of Officer	92,372	NU EMPLOYEE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number
04-1679980

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	X	4	0	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	58	6,632,794	MARKET VALUE
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 ▶ (EQUIPMENT)	X	5	482,933	MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 4

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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 II Supplemental Information.

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.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	NORTHEASTERN UNIVERSITY REPORTED THE NUMBER OF CONTRIBUTIONS.
SCHEDULE M, PART I, LINE 33	NORTHEASTERN UNIVERSITY'S ACCOUNTING POLICY STATES THAT NO REVENUE IS TO BE RECOGNIZED FOR GIFTS IN KIND UNLESS THERE IS AN IDENTIFIABLE USEFUL LIFE OR DETERMINABLE MARKET VALUE. ALL GIFTS IN KIND ARE REVIEWED TO DETERMINE IF THEY MEET EITHER CRITERIA.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2018
Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number
04-1679980

990 Schedule O, Supplemental Information

Return Reference	Explanation
Mission Statement	<p>Form 990, Parts I and III, line 1 To educate students for a life of fulfillment and accomplishment. To create and translate knowledge to meet global and societal needs. This mission inspires members of the University community in whatever they do - as students and scholars, as teachers and researchers, as mentors, as administrators, and as leaders. Northeastern's commitment to this mission is focused in three areas of distinction where the university can have the greatest effect on the lives of students and the wider world: experiential learning, use-inspired research, and global connection and engagement. By concentrating its energy in these areas, Northeastern is best positioned to set priorities, make decisions, and focus resources that allow the institution to achieve its goals as a leader in higher education. Form 990, Part III, Line 4d Other program services consist of: Research, academic support, student services, and other student aid. Form 990, Part VI, Line 1a PURSUANT TO THE BYLAWS, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS AUTHORIZED TO ACT WITH THE FULL AUTHORITY OF THE BOARD OF TRUSTEES IN THE MONTHS IN WHICH THE FULL BOARD DOES NOT MEET. All members of the Board of Trustees who are not appointed to serve on the Executive Committee are authorized to serve as alternates to the Executive Committee with full voting authority. The Secretary is authorized to select an alternate whenever a member notifies the Secretary of his or her inability to attend any regular or special meeting of the Executive Committee. A majority of the members of the Executive Committee, including any alternate(s), shall constitute a quorum for any meeting of the Executive Committee. Form 990, Part VI, Line 2 Edward G. Galante Alan S. McKim Business Relationship Richard A. D'Amore James Pallotta Business Relationship Form 990, Part VI, Line 4 The Bylaws were amended such that the chair of the Trustees Emeriti is no longer a voting member of the Board of Trustees. THE ARTICLES OF ORGANIZATION WERE AMENDED TO CONVERT THE UNIVERSITY FROM A NONPROFIT MEMBERSHIP CORPORATION TO A NONPROFIT CORPORATION WITHOUT MEMBERS AND TO CLARIFY THAT GOVERNANCE AUTHORITY, INCLUDING THE AUTHORITY TO AMEND THE BYLAWS AND ARTICLES OF ORGANIZATION, AND TO DISSOLVE THE CORPORATION, VEST WITH THE BOARD OF TRUSTEES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11B	The University's Form 990 review process is a collaborative effort. The core Form 990 and related schedules were reviewed by four committees, including the Audit Committee, of the Board of Trustees, senior management, an independent compensation consultant and a paid tax preparer. All feedback from the above parties was incorporated in the form. The Form 990 as filed is provided to the full board prior to filing with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c	<p>ANNUALLY, THE UNIVERSITY'S COMPLIANCE DEPARTMENT, REPORTING TO SENIOR VICE PRESIDENT AND GENERAL COUNSEL, ELECTRONICALLY DISTRIBUTES THE NORTHEASTERN UNIVERSITY CONFLICT OF INTEREST AND COMMITMENT DISCLOSURE FORM TO FACULTY AND STAFF. THE COMPLETED FORMS ARE REVIEWED BY THE COMPLIANCE DEPARTMENT AND RELEVANT COLLEGE AND ADMINISTRATIVE MANAGEMENT. FOLLOW UP FOR CLARIFICATION IS CARRIED OUT WHERE NECESSARY AND THE APPROPRIATE UNIT DEAN, VICE-PRESIDENT OR DIRECTOR IS RESPONSIBLE FOR REVIEWING THE IDENTIFIED CONFLICTS AND RESOLVING THOSE CONFLICTS APPROPRIATELY. BOTH THE FACULTY AND STAFF CONFLICT OF INTEREST AND COMMITMENT POLICIES ARE ON THE UNIVERSITY'S WEBSITE. A PARALLEL PROCESS IS CARRIED OUT ANNUALLY BY THE OFFICE OF THE BOARD OF TRUSTEES, REPORTING TO THE SENIOR VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT, FOR THE UNIVERSITY'S SENIOR LEADERSHIP AND BOARD OF TRUSTEES. THE POLICY REQUIRES THAT ALL TRUSTEES, OFFICERS AND OTHER MEMBERS OF STANDING COMMITTEES OF THE BOARD ARE REQUIRED TO ADHERE TO A POLICY WHICH REQUIRES DISCLOSURE IN ADVANCE OF ANY CONFLICT; NON-PARTICIPATION IN DECISIONS REGARDING THE POTENTIAL CONFLICT; AND AN ANNUAL REPORTING OF ANY CONFLICTS FOR PERSONAL OR THIRD PARTY INVOLVEMENT. THE FINAL DISCLOSURE FORMS ARE REVIEWED BY A SUBCOMMITTEE OF THE BOARD'S TRUSTEESHIP COMMITTEE AND ANY CONFLICTS THAT REQUIRE RESOLUTION ARE BROUGHT TO THE ATTENTION OF THE CHAIR OF THE BOARD AND UNIVERSITY MANAGEMENT FOR RESOLUTION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Lines 15a & 15b	<p>NORTHEASTERN UNIVERSITY FOLLOWS A CAREFULLY DEFINED PROCESS FOR REVIEWING SENIOR EXECUTIVE COMPENSATION LEVELS. THE POSITIONS INCLUDED IN THIS PROCESS DURING 2018 ARE THE PRESIDENT , PROVOST AND SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS, SENIOR VICE PRESIDENT FOR UNIVER SITY ADVANCEMENT, SENIOR VICE PRESIDENT AND CEO FOR LIFELONG LEARNING NETWORK, SENIOR VICE PRESIDENT FOR FINANCE AND TREASURER, SENIOR VICE PRESIDENT FOR EXTERNAL AFFAIRS, SENIOR V ICE PRESIDENT & GENERAL COUNSEL, AND SENIOR VICE PRESIDENT LEARNING & CHANCELLOR. OTHER PO SITIONS INCLUDING, BUT NOT LIMITED TO, DEANS MAY BE INCLUDED EACH YEAR. THIS PROCESS EMBRA CES THE BEST PRACTICES UTILIZED IN THE HIGHER EDUCATION INDUSTRY. IN 2018, A COMPETITIVE P AY ASSESSMENT WAS CONDUCTED BY A THIRD PARTY INDEPENDENT COMPENSATION CONSULTING FIRM, USI NG MULTIPLE MARKET REFERENCES, INCLUDING SURVEYS REPRESENTING SIMILAR UNIVERSITIES AND OTH ER RELEVANT LABOR MARKETS (AS APPLICABLE FOR CERTAIN POSITIONS). THE ASSESSMENT IS BASED O N PEER REFERENCES THAT REFLECT OTHER UNIVERSITIES OF SIMILAR SIZE AND PROMINENCE WITH WHIC H NORTHEASTERN COMPETES FOR EXECUTIVE TALENT. THE INDEPENDENT CONSULTANT ALSO PROVIDED ADD ITIONAL PROPRIETARY COMPENSATION MARKET DATA AND AN ASSESSMENT OF THE REASONABLENESS OF TH E DATA. THE COMPENSATION COMMITTEE CONSISTS OF THE CHAIR OF THE BOARD OF TRUSTEES, ALSO SE RVING AS THE CHAIR of this committee, ALONG WITH FIVE OTHER INDEPENDENT TRUSTEES. THIS COM MITTEE HAS CONTINUED TO ENGAGE WILLIS TOWERS WATSON AS ITS INDEPENDENT COMPENSATION CONSUL TANT, WITH THE EXPECTATION THAT ITS PROCESSES AND PROCEDURES WOULD CONTINUE TO EVOLVE TO R EFLECT EMERGING BEST PRACTICES. THE COMPETITIVE PAY ASSESSMENT AND INDEPENDENT CONSULTANT REVIEW WERE PROVIDED TO THE PRESIDENT FOR HIS USE IN MAKING SALARY AND BONUS RECOMMENDATIO NS TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR THE POSITIONS INCLUDED IN TH E PROCESS, EXCLUDING HIS OWN. THE PRESIDENT'S RECOMMENDATIONS TO THE COMPENSATION COMMITTEE TAKE INTO CONSIDERATION THE MARKET INFORMATION, AS WELL AS THE RESULTS OF A FORMAL ANNUA L PERFORMANCE ASSESSMENT PROCESS BASED ON PRE-DETERMINED GOALS AND OBJECTIVES. THE COMPENSATION COMMITTEE REVIEWED THE COMPETITIVE INFORMATION AND THE RESULTS OF THE PERFORMANCE AS SESSMENT PROCESS PRESENTED BY THE PRESIDENT, DISCUSSED POTENTIAL CHANGES, AND VOTED TO APP ROVE THE FINAL RECOMMENDATIONS, WHICH WERE THEN PRESENTED TO THE FULL BOARD OF TRUSTEES. T HE BOARD ALSO VOTED TO APPROVE THE RECOMMENDATIONS. THESE DISCUSSIONS AND RESULTING APPROV ALS ARE DOCUMENTED IN THE MINUTES OF EACH MEETING. IN DETERMINING THE PRESIDENT'S COMPENSA TION, THE INDEPENDENT CONSULTANT PROVIDED THE RESULTS OF THE MARKET PAY ASSESSMENT FOR THE PRESIDENT DIRECTLY TO THE COMMITTEE. THE COMMITTEE ALSO CONDUCTED A FORMAL PERFORMANCE AS SESSMENT OF THE PRESIDENT, UTILIZING PRE-DETERMINED GOALS AND OBJECTIVES. THE COMMITTEE TH EN DISCUSSED POTENTIAL CHANGES TO THE PRESIDENT'S COMPENSATION BASED ON THE MARKET DATA AN D THE RESULTS OF THE PERFORMAN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Lines 15a & 15b	CE ASSESSMENT, AND PRESENTED ITS RECOMMENDATIONS TO THE FULL BOARD OF TRUSTEES FOR THEIR APPROVAL. THE BOARD VOTED TO APPROVE THE RECOMMENDATIONS. THESE DISCUSSIONS AND RESULTING APPROVALS ARE DOCUMENTED IN THE MINUTES OF EACH MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19	Original hard copy Financial Statements and Governing documents are available upon request. The Conflict of interest policy and the annual financial statements are available via the internet at www.NEU.EDU . FORM 990, PART VII, COLUMN (A) JOHN LABRIE, PROFESSOR OF THE PRACTICE, IS LISTED AS "FORMER" DUE TO PREVIOUSLY SERVING AS DEAN - CPS. HUGH COURTNEY, PROFESSOR, IS LISTED AS "FORMER" DUE TO PREVIOUSLY SERVING AS DEAN - DMSB. JACK REYNOLDS, ASSOCIATE DEAN & PROFESSOR OF PHARMACY, IS LISTED AS "FORMER" DUE TO PREVIOUSLY SERVING AS DEAN - BOUVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Column (B)	40 hours constitutes a full-time equivalent employee at Northeastern University.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	SWAP ADJ & OTHER NON-OPERATING CHANGES (\$7,936,000)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number

04-1679980

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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) Renaissance Park Garage LLC 1209 Orange St Wilmington, DE 19801 04-3480384	Parking svcs	DE	3,255,847	15,298,830	NORTHEASTERN
(2) NU Research LLC 360 Huntington Ave Boston, MA 02115 17-0388661	Research Ctr	MA		0	NORTHEASTERN
(3) NU Innovation LLC 360 Huntington Ave Boston, MA 02115 27-0388561	Research Ctr	MA		0	NORTHEASTERN
(4) KRI at Northeastern University LLC Suite 250 CP 360 Huntington Avenue Boston, MA 02115 46-5228806	Research Ctr	MA		0	NORTHEASTERN
(5) N-POWERED LLC 360 HUNTINGTON AVE BOSTON, MA 02115 82-4581008	EDU. SOFTWARE	DE	426,639	60,615	NORTHEASTERN

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) The Mass Green High Perf Computing Ctr 77 Mass Ave Cambridge, MA 02139 27-3014805	Research Ctr	MA	501(C)(3)	12A-I	NA		No
(2) MGHPCC Holyoke Inc 77 Mass Ave CAMBRIDGE, MA 02139 45-2257442	RESEARCH CTR	MA	501(C)(3)	12A-I	NA		No
(3) New College of the Humanities Trust 19 BEDFORD SQUARE LONDON WC1B 3HH UK	EDUCATION	UK	501(C)(3)	N/A	NCH NU Ltd	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

(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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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.

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-1679980
Name: NORTHEASTERN UNIVERSITY

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
(1) Azland Inc c/o NU 360 Huntington Avenue Boston, MA 02115 04-2454917	Real Estate	DE	NORTHEASTERN	C Corp	0	0	100.000 %	Yes	
(1) Charitable Remainder Trust (1)	INVESTING	CA	NORTHEASTERN	TRUST				Yes	
(2) Charitable Remainder Trust (1)	INVESTING	ME	NORTHEASTERN	TRUST				Yes	
(3) Charitable Remainder Trust (11)	INVESTING	MA	NORTHEASTERN	TRUST				Yes	
(4) Charitable Remainder Trust (3)	INVESTING	NH	NORTHEASTERN	Trust				Yes	
(5) Pooled Income Trust (1)	INVESTING	MA	NORTHEASTERN	TRUST				Yes	
(6) Perpetual Trust (1)	INVESTING	MA	Northeastern	Trust				Yes	
(7) Perpetual Trust (1)	Investing	ME	Northeastern	Trust				Yes	
(8) Charitable Remainder Trust (1)	INVESTING	OH	NORTHEASTERN	TRUST				Yes	
(9) NCH at Northeastern Limited 19 Bedford Square London WC1B 3HH UK	Education	UK	NORTHEASTERN	C Corp	2,758,378	1,491,057	100.000 %	Yes	
(10) New College of the Humanities Ltd 19 Bedford Square London WC1B 3HH UK	Education	UK	NCH NU LTD	C Corp	149,855	135,718	100.000 %	Yes	