


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
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

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

F Name and address of principal officer

Joseph E Aoun

360 Huntington Ave

Boston, MA 02115

D Employer identification number

04-1679980

E Telephone number

(617) 373-5947

G Gross receipts \$ 1,476,282,447

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			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	40
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	39
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	16,334
Revenue	6 Total number of volunteers (estimate if necessary)	6	1,000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,066,219
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-863,989
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
		154,284,000	132,188,000
		1,161,438,640	1,232,756,846
		37,028,457	29,932,107
		15,281,568	14,180,002
Expenses		1,368,032,665	1,409,056,955
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	280,098,461	305,047,664	
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)	544,361,324	575,676,794	
16a Professional fundraising fees (Part IX, column (A), line 11e)	494,792	0	
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ▶22,491,540		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	429,875,196	448,754,698
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,254,829,773	1,329,479,156
	19 Revenue less expenses Subtract line 18 from line 12	113,202,892	79,577,799
	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
		2,743,645,000	2,727,690,000
		1,285,265,000	1,266,088,000
		1,458,380,000	1,461,602,000

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, in 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

THOMAS NEDELL SVP FINANCE & TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
GWEN SPENCER

Preparer's signature
GWEN SPENCER

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's address ▶ 101 SEAPORT BOULEVARD

BOSTON, MA 02210

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 405,883,361 including grants of \$ 0) (Revenue \$ 1,093,523,014)
Instruction NORTHEASTERN ENABLES 35,382 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	

4b	(Code) (Expenses \$ 292,191,830 including grants of \$ 292,191,830) (Revenue \$ 0)
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.	

4c	(Code) (Expenses \$ 122,941,222 including grants of \$ 0) (Revenue \$ 139,233,832)
Auxiliary enterprises Northeastern provides student housing in 32 residential buildings and operates conference centers mainly used for University events.	

4d	Other program services (Describe in Schedule O)
(Expenses \$ 398,030,175 including grants of \$ 12,855,834) (Revenue \$ 0)	

4e	Total program service expenses ▶ 1,219,046,588
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V <input type="checkbox"/>			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 34,155		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 16,334		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h Yes	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a	
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	40	
1b	Enter the number of voting members included in line 1a, above, who are independent	39	
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?	Yes	
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		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	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	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	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?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **AK , CO , MD , MA , MI , NH , NY , OH , OR , SC , WI**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ 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

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

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

[illegible]

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										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								10,516,284	0	1,496,667

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 ► 1,058

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Suffolk Construction Co Inc, 65 Allerton Street BOSTON, MA 02119	CONSTRUCTION	67,506,230
COMPASS GROUP, PO BOX 91337 CHICAGO, IL 606931337	FOOD SERVICES	20,268,999
EMBANET, 105 GORDON BAKER ROAD TORONTO, ON M2H 2S5, 0 CA	ONLINE LEARNING SVCS	15,107,763
PPC-LPC 316 Huntington Ave LP, PO Box 1920T DALLAS, TX 752211920	ASSET MANAGEMENT	12,803,887
ABM Janitorial Services Northeast, PO Box 1534 NEW YORK, NY 10008	CLEANING SERVICES	12,028,297

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 ► 313

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		132,188,000			
	b	Membership dues	1b					
	c	Fundraising events	1c	204,730				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	82,515,408				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	49,467,862				
	g	Noncash contributions included in lines 1a-1f \$		2,687,631				
	h	Total. Add lines 1a-1f						
	Program Service Revenue	2a	TUITION,RM BD,FEES	Business Code				900099
b		PARKING		812930	9,081,764		4,114,869	
c		FOOD SERVICE		900099	2,813,429		2,813,429	
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			1,232,756,846			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		11,991,517		-259,660	12,251,177
		4	Income from investment of tax-exempt bond proceeds . . .		1,685			1,685
	5	Royalties		490,289			490,289	
	6a	(i) Real		(ii) Personal	9,613,006			9,613,006
		12,389,686						
		2,776,680						
		9,613,006		0				
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other	17,938,905			17,938,905
		83,054,953		-925,708				
		64,190,340						
		18,864,613		-925,708				
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 204,730 of contributions reported on line 1c) See Part IV, line 18 . . .			-134,303			-134,303
		a	124,169					
		b	258,472					
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19			0			
		a						
		b						
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances			0			
		a						
b								
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11a	CONFERENCE CENTERS/ARENA	532000	3,613,986		3,613,986			
b	ADVERTISING/SPORTS INCOME	900099	35,039		35,039			
c	FEE FOR SERVICE INCOME	900099	561,985		561,985			
d	All other revenue							
e	Total. Add lines 11a-11d			4,211,010				
12	Total revenue. See Instructions			1,409,056,955	1,220,861,653	8,066,219	47,941,083	

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.	12,046,954	12,046,954		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	292,191,830	292,191,830		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	808,880	808,880		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	8,703,041	3,205,981	4,558,336	938,724
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,249,335	59,997	1,189,338	
7	Other salaries and wages.	459,339,924	419,761,902	28,403,058	11,174,964
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	27,300,198	24,608,328	1,987,194	704,676
9	Other employee benefits.	51,699,800	46,602,066	3,763,252	1,334,482
10	Payroll taxes.	27,384,496	24,684,314	1,993,330	706,852
11	Fees for services (non-employees):				
a	Management.	551,652	551,652		
b	Legal.	4,177,283	24,472	4,152,811	
c	Accounting.	545,908	279	545,629	
d	Lobbying.	222,134	200,000	22,134	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	1,618,645		1,618,645	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	14,753,461	14,744,525	8,474	462
12	Advertising and promotion.	8,584,393	4,466,867	4,106,490	11,036
13	Office expenses.	38,275,843	32,220,941	4,532,170	1,522,732
14	Information technology.	42,593,137	30,965,211	11,627,926	
15	Royalties.	108,364	108,364		
16	Occupancy.	69,424,621	69,085,657	50,854	288,110
17	Travel.	24,429,212	22,589,946	1,081,480	757,786
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	6,522,053	6,031,212	293,785	197,056
20	Interest.	27,695,180	26,392,310	862,617	440,253
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	57,861,284	50,202,946	5,070,506	2,587,832
23	Insurance.	2,820,001	1,117,293	1,702,708	
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	31,655,003	26,236,519	4,910,948	507,536
b	EQUIPMENT	16,635,228	16,317,739	236,383	81,106
c	MEAL PLAN AND FOOD COST	21,984,422	21,973,790	10,632	
d	PUB, BOOKS, & SUBSCRIPTIONS	14,576,837	11,654,568	2,542,848	379,421
e	All other expenses	63,720,037	60,192,045	2,669,480	858,512
25	Total functional expenses. Add lines 1 through 24e.	1,329,479,156	1,219,046,588	87,941,028	22,491,540
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 X ☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		95,389,000	1	73,415,000
	2	Savings and temporary cash investments		286,421,000	2	313,743,000
	3	Pledges and grants receivable, net		105,466,000	3	94,545,000
	4	Accounts receivable, net		60,370,000	4	40,111,000
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		1,800,000	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		33,217,000	7	35,242,000
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		15,901,000	9	11,481,000
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,941,706,000			
	b	Less: accumulated depreciation	10b 661,380,000	1,170,426,000	10c	1,280,326,000
	11	Investments—publicly traded securities		494,312,000	11	491,991,000
	12	Investments—other securities. See Part IV, line 11		379,573,000	12	348,280,000
	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		100,770,000	15	38,556,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,743,645,000	16	2,727,690,000
Liabilities	17	Accounts payable and accrued expenses		165,901,000	17	175,493,000
	18	Grants payable		6,559,000	18	5,893,000
	19	Deferred revenue		71,253,000	19	55,660,000
	20	Tax-exempt bond liabilities		762,979,000	20	741,316,000
	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		168,600,000	23	161,170,000
	24	Unsecured notes and loans payable to unrelated third parties		900,000	24	706,000
	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		109,073,000	25	125,850,000
	26	Total liabilities. Add lines 17 through 25		1,285,265,000	26	1,266,088,000
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		999,381,000	27	1,019,250,000
	28	Temporarily restricted net assets		239,860,000	28	214,696,000
	29	Permanently restricted net assets		219,139,000	29	227,656,000
	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		1,458,380,000	33	1,461,602,000
	34	Total liabilities and net assets/fund balances		2,743,645,000	34	2,727,690,000

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	1,409,056,955
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,329,479,156
3	Revenue less expenses Subtract line 2 from line 1	3	79,577,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,458,380,000
5	Net unrealized gains (losses) on investments	5	-51,086,799
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	-25,269,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,461,602,000

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	

Additional Data

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

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				1,311,729	0	204,775
PETER B CAMERON TRUSTEE	1 0	X						0	0	0
WILLIAM J COTTER TRUSTEE	1 0	X						0	0	0
EDMOND J ENGLISH TRUSTEE	1 0	X						0	0	0
WILLIAM S HOWARD TRUSTEE	1 0	X						0	0	0
KATHERINE S MCHUGH TRUSTEE	2 0	X						0	0	0
HENRY J NASELLA CHAIR/TRUSTEE	5 0	X						0	0	0
KATHRYN NICHOLSON TRUSTEE	1 0	X						0	0	0
RONALD L ROSSETTI TRUSTEE	1 0	X						0	0	0
CAROLE J SHAPAZIAN TRUSTEE	2 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			
SEYMOUR STERNBERG TRUSTEE	1 0	X						0	0	0
MICHAEL J ZAMKOW TRUSTEE	2 0	X						0	0	0
NONNIE S BURNES TRUSTEE	1 0	X						0	0	0
VENETIA G KONGOLOURIS TRUSTEE	1 0	X						0	0	0
BARBARA C ALLEYNE TRUSTEE	1 0	X						0	0	0
RICHARD A D'AMORE TRUSTEE	2 0	X						0	0	0
EDWARD G GALANTE TRUSTEE	2 0	X						0	0	0
ALAN S MCKIM TRUSTEE	2 0	X						0	0	0
RONALD L SARGENT TRUSTEE	1 0	X						0	0	0
JOSEPH M TUCCI TRUSTEE	1 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			
WILLIAM J CONLEY TRUSTEE	2 0	X						0	0	0
DAVID HOUSE TRUSTEE	1 0	X						0	0	0
JOHN PULICHINO TRUSTEE	1 0	X						0	0	0
ARTHUR ZAFIROPOULO TRUSTEE	1 0	X						0	0	0
JEFFREY J CLARKE TRUSTEE	1 0	X						0	0	0
SPENCER T FUNG TRUSTEE	1 0	X						0	0	0
LUCIAN GRAINGE CBE TRUSTEE	1 0	X						0	0	0
FRANCES N JANIS TRUSTEE	1 0	X						0	0	0
DAVID J MONDRAGON TRUSTEE	1 0	X						0	0	0
JEFFREY S BORNSTEIN TRUSTEE	1 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			
WILLIAM M COWAN TRUSTEE	1 0	X						0	0	0
SUSAN DEITCH TRUSTEE	1 0	X						0	0	0
CHAITANYA KANOJIA TRUSTEE	1 0	X						0	0	0
WILLIAM A LOWELL TRUSTEE	2 0	X						0	0	0
TODD M MANGANARO TRUSTEE	1 0	X						0	0	0
ANITA NASSAR TRUSTEE	1 0	X						0	0	0
MARCY L REED TRUSTEE	1 0	X						0	0	0
WINSLOW L SARGENT TRUSTEE	1 0	X						0	0	0
CHRISTOPHER A VIEHBACHER TRUSTEE	1 0	X						0	0	0
GEORGE D BEHRAKIS TRUSTEE	1 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			
PHILOMENA V MANTELLA SVP & CEO NU GLOBAL NETWORK	40 0 0 0			X				721,681	0	99,379
DIANE N MACGILLIVRAY SR VP OF UNIV ADVANCEMENT	40 0 0 0			X				561,242	0	142,112
MICHAEL A ARMINI SENIOR VP - EXTERNAL AFFAIRS	40 0 0 0			X				399,385	0	83,482
RALPH C MARTIN II SR VP & GENERAL COUNSEL	40 0 0 0			X				614,222	0	78,841
THOMAS NEDELL SVP FINANCE AND TREASURER	40 0 0 0			X				512,302	0	79,488
JIM BEAN PROVOST & SVP ACADEMIC AFFAIRS	40 0 0 0			X				244,834	0	27,418
NANCY MAY VP - FACILITIES	40 0 0 0				X			243,997	0	34,582
JANE BROWN Fmr VP - ENROLLMENT MGMT	26 0 0 0				X			221,845	0	24,384
NADINE AUBRY DEAN - COLLEGE OF ENGINEERING	40 0 0 0				X			442,489	0	67,522
HUGH COURTNEY DEAN D'AMORE-MCKIM SCHL OF BUS	40 0 0 0				X			408,846	0	67,495

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			
SUNDAR KUMARASAMY VP - ENROLLMENT MGMT	40 0 0 0				X			199,175	0	35,087
JACK REYNOLDS INT DEAN-BOUVE' COL HEALTH SCI	40 0 0 0				X			288,673	0	49,259
STEPHEN W DIRECTOR SR ADVISOR TO THE PRESIDENT	34 0 0 0					X		595,002	0	95,646
MARC H MEYER SHILLMAN PROF-ENTREPRENEURSHIP	40 0 0 0					X		468,618	0	29,307
ALEXANDROS MAKRIYANNIS PROFESSOR & BEHRAKIS CHAIR	40 0 0 0					X		542,419	0	28,306
ALBERT-LASZLO BARABASI UNIV DISTINGUISHED PROFESSOR	40 0 0 0					X		503,247	0	48,656
WILLIAM COEN HEAD COACH MEN'S BASKETBALL	40 0 0 0					X		535,865	0	50,226
JOHN H MCCARTHY SR ADVISOR TO THE PRESIDENT	28 0 0 0						X	378,308	0	34,332
DAVID LUZZI EXEC DIR STRATEGIC SECURITY	40 0 0 0						X	357,081	0	50,865
HARRY LANE PROFESSOR	40 0 0 0						X	268,764	0	46,066

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			
STEPHEN ZOLOTH PROFESSOR	40 0 0 0						X	282,233	0	52,133
TERRY FULMER Fmr DEAN-BOUVE' COL HEALTH SCI	40 0 0 0						X	141,390	0	15,104
JOHN LABRIE DEAN-CPS & VP-PROF EDUCATION	40 0 0 0						X	272,937	0	52,202

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 11, check only one box)
- 1

☐

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

☒

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- 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- 9 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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	165,358,991	136,157,007	156,697,000	154,284,000	132,188,000	744,684,998
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	165,358,991	136,157,007	156,697,000	154,284,000	132,188,000	744,684,998
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)						4,399,207
6 Public support. Subtract line 5 from line 4						740,285,791

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	165,358,991	136,157,007	156,697,000	154,284,000	132,188,000	744,684,998
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,700,666	17,396,199	24,096,006	26,780,733	25,132,837	111,106,441
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)	57,065	72,629	126,354	106,254	124,169	486,471
11 Total support. Add lines 7 through 10						856,277,910

12 Gross receipts from related activities, etc (see instructions) **12** 5,427,972,841

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 2015 (line 6, column (f) divided by line 11, column (f))	14	86.454 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	86.342 %

- 16a 33 1/3% support test—2015.**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—2014.**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—2015.**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—2014.**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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
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? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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></div>		
<div>2</div> <div>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></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>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></div>		
<div>3</div> <div>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></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>	Yes	No
<div>a</div> <div>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></div>		
<div>b</div> <div>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></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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></div>		
<div>b</div> <div>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></div>		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 **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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
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
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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	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
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><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><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></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) 2012	(b) 2013	(c) 2014	(d) 2015	(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		No	
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		210,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		12,134
j	Total. Add lines 1c through 1i			222,134
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).

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
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 2016, payments for these services totaled \$222,134.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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
1c	Beginning balance
1d	Additions during the year
1e	Distributions during the year
1f	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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	792,626,000	779,720,000	671,710,000	618,924,000
b	Contributions	8,951,000	22,807,000	29,751,000	13,438,000
c	Net investment earnings, gains, and losses	-22,075,000	21,491,000	105,372,000	66,081,290
d	Grants or scholarships	23,370,000	22,126,000	21,756,000	21,862,000
e	Other expenditures for facilities and programs	5,677,000	7,529,000	3,942,000	3,426,000
f	Administrative expenses	1,606,000	1,737,000	1,415,000	1,445,290
g	End of year balance	748,849,000	792,626,000	779,720,000	671,710,000

2

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

a

Board designated or quasi-endowment

56 710 %

b

Permanent endowment

41 540 %

c

Temporarily restricted endowment

1 750 %

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

(ii) related organizations

3a(i)

Yes

No

3a(ii)

Yes

No

b

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

3b

Yes

No

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" to 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)	Accumulated (c) depreciation	(d) Book value
1a Land		23,348,000		23,348,000
b Buildings		1,614,273,000	463,776,000	1,150,497,000
c Leasehold improvements				
d Equipment		304,085,000	197,604,000	106,481,000
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,280,326,000

Schedule D (Form 990) 2015

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	115,406,000	F
(B) HEDGE FUNDS	202,611,000	F
(C) OTHER ALTERNATIVE INVESTMENTS	13,263,000	F
(D) OTHER INVESTMENTS	17,000,000	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	348,280,000	

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
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
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.

1. (a) Description of liability	(b) Book value
Federal income taxes	0
CAPITAL LEASE	26,760,000
INTEREST RATE SWAP AGREEMENTS	70,210,000
FEDERALLY FUNDED LOANS	28,880,000
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	125,850,000

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
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.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

SCHEDULE E
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Schools

►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.
► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

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?	Yes	
If you answered "No" to any of the above, please explain If you need more space, use Part II		
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		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?		No
If you answered "Yes" to any of the above, please explain If you need more space, use Part II		
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
b Has the organization's right to such aid ever been revoked or suspended?		No
If you answered "Yes" to either line 6a or line 6b, explain on Part II		
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	Yes	

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.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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.

- 1 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
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					8,259,639
b Total from continuation sheets to Part I					176,059,520
c Totals (add lines 3a and 3b)					184,319,159

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)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 ▶

5

3

Enter total number of other organizations or entities ▶

2

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713, do not 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 NU-ISSUED SUBAWARDS AND NU FOLLOWS FEDERAL REGULATIONS AS PART OF THE SUBRECIPIENT MONITORING UNDER A-133 (now Uniform Guidance 2 CFR 200), THE PRINCIPAL INVESTIGATOR FOR EACH AWARD MONITORS THEM AS WELL NU REVIEWS THE FEDERAL AUDIT CLEARINGHOUSE, THE SYSTEM FOR AWARD MANAGEMENT (SAM), AND THE INSTITUTION'S SINGLE AUDIT A-133 REPORTS. 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	18,609
Central America and the Caribbean			Program Services	Co-op Job Development	2,409
Central America and the Caribbean			Program Services	Program Development	1,818

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	12,961
Central America and the Caribbean			Program Services	Research	14,031
Central America and the Caribbean			Program Services	Study Abroad	299,797

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	CONFERENCE/Workshops	141,848
East Asia and the Pacific			Program Services	Co-op Job Development	8,825
East Asia and the Pacific			Program Services	Program Development	217,974

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	107,307
East Asia and the Pacific			Program Services	Research	65,230
East Asia and the Pacific			Program Services	Study Abroad	5,924,435

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	Conference/Workshops	467,617
Europe (Including Iceland and Greenland)			Program Services	Co-op Job Development	15,814
Europe (Including Iceland and Greenland)			Program Services	Program Development	665,949

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	69,932
Europe (Including Iceland and Greenland)			Program Services	Research	225,083
Europe (Including Iceland and Greenland)			Program Services	Study Abroad	20,639,290

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	Conference/Workshops	19,000
Middle East and North Africa			Program Services	Program Development	180,801
Middle East and North Africa			Program Services	Recruiting	30,775

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	Research	22,578
Middle East and North Africa			Program Services	Study Abroad	507,900
North America			Program Services	Conference/Workshops	222,017

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	966
North America			Program Services	Program Development	30,147
North America			Program Services	Recruiting	42,952

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	Research	24,938
North America			Program Services	Study Abroad	2,190,504
Russia and the Newly Independent States			Program Services	Conference/Workshops	10,077

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	166,320
South America			Program Services	Conference/Workshops	22,059
South America			Program Services	Co-op Job Development	5,024

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	4,831
South America			Program Services	Recruiting	22,996
South America			Program Services	Research	12,630

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	Study Abroad	720,333
South Asia			Program Services	Conference/Workshops	52,872
South Asia			Program Services	Program Development	1,043

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	11,422
South Asia			Program Services	Research	13,773
South Asia			Program Services	Study Abroad	482,975

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
Sub-Saharan Africa			Program Services	Conference/Workshops	4,879
Sub-Saharan Africa			Program Services	Program Development	899
Sub-Saharan Africa			Program Services	Research	27,287

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	Study Abroad	548,512
Central America and the Caribbean			Investments		66,049,840
East Asia and the Pacific			Investments		464,795

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		83,525,085

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	228,573	CHECK			
		South America	SUB-AWARD	48,452	CHECK			
		Europe (Including Iceland and Greenland)	SUB-AWARD	91,766	CHECK			
		East Asia and the Pacific	SUB-AWARD	51,253	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	134,091	CHECK			
		Middle East and North Africa	SUB-AWARD	53,783	CHECK			
		Europe (Including Iceland and Greenland)	SUB-AWARD	200,962	CHECK			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

Revenue		(a)Event #1	(b)Event #2	(c)Other events	(d)
		Nurse Summit (event type)	Golf Tournament (event type)	3 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	136,131	98,649	94,119	328,899
	2 Less Contributions	114,895	40,925	48,910	204,730
	3 Gross income (line 1 minus line 2)	21,236	57,724	45,209	124,169
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			182	182
	6 Rent/facility costs		34,850	8,066	42,916
	7 Food and beverages	21,016	15,790	56,262	93,068
	8 Entertainment	11,645			11,645
	9 Other direct expenses	52,667	17,409	40,585	110,661
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				258,472
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-134,303

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.

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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2015

04-1679980

Schedule I (Form 990) 2015

Part IIIGrants 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 non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STUDENT FINANCIAL AID	14446		292,191,830	COST	TUITION OFFSET

Part IVSupplemental 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 AWARDEDING 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 SUBAWARDS - NU FOLLOWS FEDERAL REGULATIONS AS PART OF THE SUBRECIPIENT MONITORING UNDER A-133 (now Uniform Guidance 2 CFR 200) - NU REVIEWS THE FEDERAL AUDIT CLEARINGHOUSE AND INSTITUTION'S A-133 REPORTS (now Uniform Guidance 2 CFR 200) - 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
Alaska Pacific University 4101 University Drive Anchorage, AK 99508	92-0023588	501(c)(3)	15,771				SUB-AWARD
Auburn University 126 Ingram Hall Auburn, AL 36849	63-6000724	501(c)(3)	63,512				SUB-AWARD
Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02115	04-1203881	501(c)(3)	192,292				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 Area Rape Crisis Center (BARC) 99 Bishop Allen Drive Cambridge, MA 02139	04-2974983	501(c)(3)	17,301				SUB-AWARD
Boston Medical Center 1 Boston Medical Place Boston, MA 02118	04-3314093	501(c)(3)	16,827				SUB-AWARD
Boston Public Health Commission 1010 Massachusetts Ave 2 Boston, MA 02118	04-3316655	115	409,334				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 University 25 Buick Street Boston, MA 02215	04-2103547	501(c)(3)	481,717				SUB-AWARD
Brigham & Women's Hospital 75 Francis Street Boston, MA 02115	04-2312909	501(c)(3)	254,820				SUB-AWARD
Brown University 164 Angell Street Providence, RI 02912	05-0258809	501(c)(3)	137,201				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
Butler Hospital 345 Blackstone Blvd Providence, RI 029064829	05-0258812	501(c)(3)	32,161				SUB-AWARD
City of Boston One Schroeder Plaza Boston, MA 021202014	04-6001380	115	43,243				SUB-AWARD
Dana Farber Cancer Institute 44 Binney Street Boston, MA 02115	04-2263040	501(c)(3)	30,157				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
DB Consulting 8401 Colesville Road Suite 300 Silver Spring, MD 20910	52-2274227		43,185				SUB-AWARD
DE Technologies 100 Queens Drive King of Prussia, PA 19406	23-2728684		26,122				SUB-AWARD
Einhorn Engineering PLLC 6202 36th Ave NE Seattle, WA 98115	26-2737851		47,871				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
Emma Pendelton Bradley Hospital 110 Veterans Memorial Pkwy Riverside, RI 02915	05-0258806	501(c)(3)	15,775				SUB-AWARD
Florida International University 11200 SW 8th St Miami, FL 33199	65-0177616	501(c)(3)	10,058				SUB-AWARD
Florida State University 600 W College Ave Tallahassee, FL 32306	59-1961248	115	27,029				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
Fuel Cell Energy Inc 3 Great Pasture Road Danbury, CT 068131305	06-0853042		6,521				SUB-AWARD
Georgetown University 2 Ryan 37th O Streets NW Washington, DC 20057	53-0196603	501(c)(3)	17,723				SUB-AWARD
Georgia Tech Research Corporation 505 10th Street NW Atlanta, GA 303320420	58-0603146	501(c)(3)	28,601				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
Greenzone Solutions 3507 Nutley Street Fairfax, VA 22031	27-3314850		129,041				SUB-AWARD
HF Webster Engineering Services Inc 525 University Loop Ste 211 Rapid City, SD 57701	20-8291879		500,001				SUB-AWARD
Harvard Pilgrim Health Care 133 Brookline Ave Boston, MA 02215	04-2452600	501(c)(3)	38,187				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
Harvard University 1350 Massachusetts Ave Cambridge, MA 02138	04-2103580	501(c)(3)	193,238				SUB-AWARD
Indiana University 509 E 3rd Street Bloomington, IN 47401	35-6001673	115	440,021				SUB-AWARD
Institute for Science and International Security 236 Massachusetts Ave NE 500 Washington, DC 20002	52-1809804	501(c)(3)	9,310				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
International Association of Chiefs of Police 515 N Washington St Alexandria, VA 22314	53-0227813	501(c)(3)	90,420				SUB-AWARD
Klein Bluendel Inc 1667 Cole Blvd Suite 225 Lakewood, CO 80401	84-1612798		100,738				SUB-AWARD
Los Alamos National Laboratory 1112 Plaza Del Norte Española, NM 87532	74-2853972	115	16,837				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
Louisiana State University 359 Third Street Baton Rouge, LA 70801	72-6000848	501(c)(3)	30,336				SUB-AWARD
Massachusetts General Hospital 55 Fruit Street Boston, MA 02114	04-2697983	501(c)(3)	194,722				SUB-AWARD
Massachusetts Institute of Technology 77 Massachusetts Ave Cambridge, MA 02139	04-2103594	501(c)(3)	253,927				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
McLean Hospital 115 Mill Street Belmont, MA 02478	04-2697981	115	215,408				SUB-AWARD
Meridian Institute 1800 M Street NW Suite 400N Washington, DC 20036	84-1435420	501(c)(3)	52,571				SUB-AWARD
Michigan State University 301 Admin Bldg East Lansing, MI 48824	38-6005984	115	16,277				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
Mid-America Aviation 159 9th Avenue NW West Fargo, ND 58078	45-0425976		99,568				SUB-AWARD
MOOG Inc 159 8th Avenue NW West Fargo, ND 58078	16-0757636		42,392				SUB-AWARD
NanoAI LLC 8025 Lamon Ave 446 Skokie, IL 60077	46-2925449		342,112				SUB-AWARD

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

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Nemucore Medical Innovations 33 Kirkland Circle Wellesley, MA 02481	26-1903758	501(c)(3)	10,528				SUB-AWARD
New England Quality Care Alliance 325 Wood Rd Braintree, MA 02184	04-3040427	501(c)(3)	10,000				SUB-AWARD
New Jersey Institute of Technology University Heights Newark, NJ 071021982	22-1714037	501(c)(3)	13,205				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 Mexico State University 2850 Weddell Las Cruces, NM 88003	85-6000401	115	111,222				SUB-AWARD
New York City Police Department 2615 West 13th Street Brooklyn, NY 11223	13-6400434	115	175,244				SUB-AWARD
NORC at University of Chicago 1155E 60th Street Chicago, IL 60637	36-2167808	501(c)(3)	154,850				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
North Illinois University 301 Lowden Hall Dekalb, IL 601152860	36-6008480	115	10,224				SUB-AWARD
Ohio State University 1960 Kenny Road Columbus, OH 432101016	31-6025986	115	9,188				SUB-AWARD
Oregon Health and Science University 3181 SW Sam Jackson Park Rd Portland, OR 97239	93-1176109	115	29,548				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
Pacific Biosciences of California 1505 Adams Drive Menlo Park, CA 94025	16-1590339		13,864				SUB-AWARD
Pajarito Powder 317 Commercial St NE Albuquerque, NM 87102	45-4278439		90,319				SUB-AWARD
Passport Systems Inc 70 Treble Cove Road North Billerica, MA 01862	01-0762281		40,805				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
Pennsylvania State University 408 Old Main Street University Park, PA 16802	24-6000376	115	108,413				SUB-AWARD
Public Health Advocacy Institute 102 the Fenway Boston, MA 02115	04-2668916	501(c)(3)	58,933				SUB-AWARD
Purdue University 1065 Freehafer Hall West Lafayette, IN 47907	35-6002041	501(c)(3)	684,048				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
RAND Corporation 1776 Main Street Box 2138 Santa Monica, CA 904072138	95-1958142		60,318				SUB-AWARD
Rapiscan Lab 2805 Columbia Street Torrance, CA 90503	77-0468140		68,221				SUB-AWARD
Rensselaer Polytechnic Inst 110 8th Street Troy, NY 12180	14-1340095	501(c)(3)	66,971				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 SUNY University of Buffalo 402 Crofts Hall Buffalo, NY 14260	14-1368361	501(c)(3)	207,477				SUB-AWARD
Rhode Island Hospital 593 Eddy Street Providence, RI 029034923	05-0258954	501(c)(3)	255,266				SUB-AWARD
Rowan University 201 Mullica Hill Rd Glassboro, NJ 08028	22-2764819	115	34,984				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
Rutgers University 110 Frelinghuysen Road Piscataway, NJ 088548072	22-6001086	501(c)(3)	67,711				SUB-AWARD
Saint Louis University 1 N Grand Blvd St Louis, MO 63103	43-0654872	115	14,469				SUB-AWARD
San Francisco State University 1600 Holloway Ave San Francisco, CA 94132	93-1137247	115	8,266				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
San Jose State University Research Foundation 210 N Fourth St 4th Floor San Jose, CA 95112	94-6017638	501(c)(3)	59,950				SUB-AWARD
Scripps Research Institute 10550 N Torrey Pines Rd La Jolla, CA 92037	33-0435954	501(c)(3)	144,015				SUB-AWARD
Silent Spring Institute 29 Crafts St Newton, MA 02458	04-3237106	501(c)(3)	24,287				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
Simmons College 300 The Fenway Boston, MA 02115	04-2103629	501(c)(3)	15,163				SUB-AWARD
Simpson Gumpertz & Heger Inc 41 Seyon St Waltham, MA 02453	04-2256923		37,535				SUB-AWARD
South End Community Health Center 1601 Washington St Boston, MA 02118	04-2456134	501(c)(3)	17,329				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
Southwest Research Institute (Signature Science) 8329 North MoPac Expressway PO B Austin, TX 78759	74-1070544	501(c)(3)	55,824				SUB-AWARD
Temple University 1801 N Broad St Philadelphia, PA 19122	23-1365971	501(c)(3)	35,864				SUB-AWARD
Texas Tech University 2500 Broadway Lubbock, TX 79409	75-6002622	115	98,933				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
Township of West Orange 66 Main St West Orange, NJ 07052	22-6002396	115	43,064				SUB-AWARD
Tufts University 169 Holland Street Somerville, MA 02144	04-2103634	501(c)(3)	219,264				SUB-AWARD
Tuskegee University Kresge Center Tuskegee, AL 36088	63-0288878	501(c)(3)	35,773				SUB-AWARD

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

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University of California Santa Barbara 3227 Cheadle Hall 3rd Floor Santa Barbara, CA 931062050	95-6006145	115	445,594				SUB-AWARD
University of Chicago 6054 South Drexel Ave Suite 300 Chicago, IL 60637	36-2177139	501(c)(3)	84,582				SUB-AWARD
University Of Connecticut 438 Whitney Street Storrs, CT 06269	06-0772160	115	112,796				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	26,973				SUB-AWARD
University of Hawaii 2440 Campus Road Box 368 Honolulu, HI 968222234	99-6000354	115	38,949				SUB-AWARD
University of Houston 4800 Calhoun Rd Houston, TX 77004	74-6001399	115	24,998				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 Kansas 1450 Jayhawk Blvd Lawrence, KS 66045	48-0680117	501(c)(3)	52,730				SUB-AWARD
University of Maryland 3112 Lee Building College Park, MD 207425141	52-6002033	115	50,170				SUB-AWARD
University of Massachusetts 70 Butterfield Terr Amherst, MA 01003	04-3167352	115	373,069				SUB-AWARD

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

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University of Michigan 3089 Wolverine Tower Ann Arbor, MI 48109	38-6006309	115	573,186				SUB-AWARD
University Of New Hampshire 51 College Road Durham, NH 03824	02-6000937	115	8,401				SUB-AWARD
University of New Mexico 1700 Lomas NE Albuquerque, NM 87131	85-6000642	115	80,000				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
University Of North Carolina at Chapel Hill 104 Airport Drive Chapel Hill, NC 27516	56-6001393	115	123,726				SUB-AWARD
University of North Carolina at Pembroke 1 University Drive Pembroke, NC 28372	56-6000805	115	7,831				SUB-AWARD
University of North Texas 1155 Union Circle 305250 Denton, TX 762035017	75-6002149	115	23,843				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 Notre Dame 415 Main Bldg Notre Dame, IN 46556	35-0868188	501(c)(3)	215,026				SUB-AWARD
University of Pennsylvania 3451 Walnut Street Room P-221 Philadelphia, PA 191046205	23-1352685	115	62,500				SUB-AWARD
University of Puerto Rico 1187 Flamboyant St San Juan, PR 00926	66-0177776	115	661,568				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 Road Kingston, RI 02881	22-3011455	115	443,102				SUB-AWARD
University of South Florida 4202 East Fowler Ave Tampa, FL 33620	59-3102112	115	102,146				SUB-AWARD
University of Texas at Austin 110 Inner Campus Drive Austin, TX 78705	74-6000203	115	42,830				SUB-AWARD

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

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University of Utah 2110 State Office Bldg Salt Lake City, UT 84114	87-6000545	115	72,717				SUB-AWARD
University of Washington PO Box 43113 Olympia, WA 98504	91-6001089	115	344,135				SUB-AWARD
University of Wisconsin 600 Highland Avenue Madison, WI 53792	39-1835630	115	38,967				SUB-AWARD

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

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Vanderbilt University 2201 West End Ave Nashville, TN 37235	62-0476822	501(c)(3)	63,188				SUB-AWARD
Washington State University PO Box 64133 Pullman, WA 99164	91-6033434	115	28,136				SUB-AWARD
Wellesley College 106 Central St Wellesley, MA 02481	04-2103637	501(c)(3)	73,869				SUB-AWARD

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

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West Virginia University One Waterfront Place Morgantown, WV 26506	55-0665758	115	47,716				SUB-AWARD
Western Michigan University 3081 Seibert Admin Bldg Kalamazoo, MI 49008	38-6007327	115	8,954				SUB-AWARD
Whitman College 345 Boyer Ave Walla Walla, WA 993622067	91-0567740	501(c)(3)	23,668				SUB-AWARD

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

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Yale University PO Box 208239 New Haven, CT 065208239	06-0646973	501(c)(3)	6,780				SUB-AWARD

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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?	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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
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?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	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.	Yes	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	Yes	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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	THE UNIVERSITY WILL APPROVE BUSINESS CLASS AIR TRAVEL (OR FIRST CLASS 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 / BUSINESS CLASS TRAVEL IF NECESSARY IN CERTAIN CIRCUMSTANCES FOR INDIVIDUALS LISTED IN SCHEDULE J, PART II. THREE OFFICERS, ONE KEY EMPLOYEE, AND ONE HIGHEST COMPENSATED EMPLOYEE USED SUCH ACCOMODATIONS FOR BUSINESS PURPOSES DURING THE YEAR ENDED JUNE 30, 2016. 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. A HOUSING ALLOWANCE WAS PROVIDED TO TWO OFFICERS, ONE KEY EMPLOYEE, AND ONE HIGHEST COMPENSATED EMPLOYEE AND WAS 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.
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. INDIVIDUALS WHO RECEIVED PAYMENTS UNDER LONG TERM INCENTIVE PLANS ARE LISTED BELOW. A PORTION OF EACH PAYMENT REFLECTED BELOW WAS REPORTED ON PRIOR YEARS' FORMS 990, SCHEDULE J, PART II, COLUMN C AS DEFERRED COMPENSATION. JOSEPH E AOUN \$225,100 PHILOMENA V MANTELLA \$145,000
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.
Schedule J, Part I, Line 8	THE PROVOST & SVP ACADEMIC AFFAIRS WAS PAID PURSUANT TO AN INITIAL CONTRACT DURING 2015.

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				
1JOSEPH E AOUN PRESIDENT/TRUSTEE	(i)	805,515	200,000	306,214	67,250	137,525	1,516,504	185,495
	(ii)	0	0	0	0	0	0	0
1PHILOMENA V MANTELLA SVP & CEO NU GLOBAL NETWORK	(i)	484,154	57,000	180,527	76,500	22,879	821,060	124,375
	(ii)	0	0	0	0	0	0	0
2DIANE N MACGILLIVRAY SR VP OF UNIV ADVANCEMENT	(i)	477,250	55,200	28,792	118,167	23,945	703,354	0
	(ii)	0	0	0	0	0	0	0
3MICHAEL A ARMINI SENIOR VP - EXTERNAL AFFAIRS	(i)	350,700	35,000	13,685	59,833	23,649	482,867	0
	(ii)	0	0	0	0	0	0	0
4STEPHEN W DIRECTOR SR ADVISOR TO THE PRESIDENT	(i)	440,798	75,000	79,204	68,167	27,479	690,648	0
	(ii)	0	0	0	0	0	0	0
5RALPH C MARTIN II SR VP & GENERAL COUNSEL	(i)	518,617	60,403	35,202	68,167	10,674	693,063	0
	(ii)	0	0	0	0	0	0	0
6THOMAS NEDELL SVP FINANCE AND TREASURER	(i)	443,833	44,000	24,469	51,500	27,988	591,790	0
	(ii)	0	0	0	0	0	0	0
7JIM BEAN PROVOST & SVP ACADEMIC AFFAIRS	(i)	222,788	0	22,046	22,500	4,918	272,252	0
	(ii)	0	0	0	0	0	0	0
8NANCY MAYVP - FACILITIES	(i)	236,075	4,500	3,422	24,112	10,470	278,579	0
	(ii)	0	0	0	0	0	0	0
9JANE BROWN Fmr VP - ENROLLMENT MGMT	(i)	214,654	3,000	4,191	21,665	2,719	246,229	0
	(ii)	0	0	0	0	0	0	0
10NADINE AUBRY DEAN - COLLEGE OF ENGINEERING	(i)	413,184	0	29,305	44,000	23,522	510,011	0
	(ii)	0	0	0	0	0	0	0
11HUGH COURTNEY DEAN D'AMORE-MCKIM SCHL OF BUS	(i)	393,631	0	15,215	41,500	25,995	476,341	0
	(ii)	0	0	0	0	0	0	0
12SUNDAR KUMARASAMY VP - ENROLLMENT MGMT	(i)	164,952	15,000	19,223	17,500	17,587	234,262	0
	(ii)	0	0	0	0	0	0	0
13JACK REYNOLDS INT DEAN-BOUVE' COL HEALTH SCI	(i)	185,263	0	103,410	26,500	22,759	337,932	0
	(ii)	0	0	0	0	0	0	0
14TERRY FULMER Fmr DEAN-BOUVE' COL HEALTH SCI	(i)	140,202	0	1,188	14,036	1,068	156,494	0
	(ii)	0	0	0	0	0	0	0
15JOHN LABRIE DEAN-CPS & VP-PROF EDUCATION	(i)	269,983	0	2,954	26,500	25,702	325,139	0
	(ii)	0	0	0	0	0	0	0
16MARC H MEYER SHILLMAN PROF- ENTREPRENEURSHIP	(i)	276,494	0	192,124	26,500	2,807	497,925	0
	(ii)	0	0	0	0	0	0	0
17ALEXANDROS MAKRIYANNIS PROFESSOR & BEHRAKIS CHAIR	(i)	359,347	0	183,072	26,500	1,806	570,725	0
	(ii)	0	0	0	0	0	0	0
18ALBERT-LASZLO BARABASI UNIV DISTINGUISHED PROFESSOR	(i)	327,381	0	175,866	26,500	22,156	551,903	0
	(ii)	0	0	0	0	0	0	0
19WILLIAM COEN HEAD COACH MEN'S BASKETBALL	(i)	491,155	20,000	24,710	26,500	23,726	586,091	0
	(ii)	0	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				
21JOHN H MCCARTHY SR ADVISOR TO THE PRESIDENT	(i)	321,706	40,000	16,602	26,500	7,832	412,640	0
	(ii)	0	0	0	0	- 0	- 0	0
1DAVID LUZZI EXEC DIR STRATEGIC SECURITY	(i)	345,855	0	11,226	26,500	24,365	407,946	0
	(ii)	0	0	0	0	- 0	- 0	0
2HARRY LANEPROFESSOR	(i)	199,253	0	69,511	20,894	25,172	314,830	0
	(ii)	0	0	0	0	- 0	- 0	0
3STEPHEN ZOLOTH PROFESSOR	(i)	275,869	0	6,364	26,500	25,633	334,366	0
	(ii)	0	0	0	0	- 0	- 0	0

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As Filed Data -

DLN: 93493132038087

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 MHEFA SERIES R	04-2456011	57586c2z7	05-22-2008	92,267,988	REFUND SERIES N BONDS		X		X		X
B MHEFA SERIES T	04-2456011	57586cz57	05-22-2008	210,795,125	REFUND SERIES P BONDS		X		X		X
C MHEFA SERIES Y	04-2456011	57586efe6	02-05-2009	64,431,595	NEW PROJECT/REFUND SERIES F,H,K,		X		X		X
D MHEFA SERIES 2010A	04-2456011	57584eth4	03-18-2010	266,921,019	REFUND SERIES I,Q,U,W		X		X		X

Part II

Proceeds

	A	B	C	D				
1 Amount of bonds retired	16,840,942	5,810,433	21,967,011	53,796,666				
2 Amount of bonds legally defeased	0	0	0	0				
3 Total proceeds of issue	92,267,988	217,423,581	64,576,407	266,921,019				
4 Gross proceeds in reserve funds	0	0	0	0				
5 Capitalized interest from proceeds	0	0	0	0				
6 Proceeds in refunding escrows	0	0	0	0				
7 Issuance costs from proceeds	396,998	1,078,308	536,194	1,281,074				
8 Credit enhancement from proceeds	0	0	0	0				
9 Working capital expenditures from proceeds	3,771,000	0	0	34,652,829				
10 Capital expenditures from proceeds	0	0	38,000,000	0				
11 Other spent proceeds	88,100,000	216,345,273	26,040,213	230,987,116				
12 Other unspent proceeds	0	0	0	0				
13 Year of substantial completion		2010	2010					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?			X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?				X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government▶	0 %		3 640 %		2 760 %		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 %		0 440 %			
6	Total of lines 4 and 5			3 640 %		3 200 %			
7	Does the bond issue meet the private security or payment test?				X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.				X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?				X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?			X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, 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?		X		X		X		X
e	Was the hedge terminated?		X		X		X		X

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		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
SCHEDULE K, PART VI	PART I, LINE B, COLUMN (E) IN APRIL 2012, SERIES T-2 BONDS FOR \$70,000,000 WERE CONVERTED TO FULLY REGISTERED FIXED RATE BONDS IN THE AGGREGATE PRINCIPAL AMOUNT OF \$66,315,000 WITH A FINAL MATURITY DATE IN OCTOBER 2037 THE BALANCE OF THE INITIAL AGGREGATE PRINCIPAL AMOUNT OF THE SERIES T-2 BONDS IN THE AMOUNT OF \$3,685,000 WAS CANCELLED IN APRIL 2012 BOND ISSUANCE COSTS OF \$395,335 ARE RECORDED AS A CONTRA LIABILITY IN BONDS AND NOTES PAYABLE AND WILL BE AMORTIZED OVER THE LIFE OF THE RESPECTIVE BONDS THE SERIES T-2 BONDS WERE REMARKETED WITH A PREMIUM TOTALING \$4,080,335 WHICH IS RECORDED IN BONDS AND NOTES PAYABLE THE PREMIUM WILL BE AMORTIZED USING THE EFFECTIVE INTEREST METHOD OVER THE LIFE OF THE RESPECTIVE BONDS IN FEBRUARY 2012, SERIES T-1 BONDS FOR \$70,000,000 WERE CONVERTED TO FULLY REGISTERED FIXED RATE BONDS IN THE AGGREGATE PRINCIPAL AMOUNT OF \$63,260,000 WITH A FINAL MATURITY DATE IN OCTOBER 2037 THE BALANCE OF THE INITIAL AGGREGATE PRINCIPAL AMOUNT OF THE SERIES T-1 BONDS IN THE AMOUNT OF \$6,740,000 WAS CANCELLED IN FEBRUARY 2012 BOND ISSUANCE COSTS OF \$399,790 ARE RECORDED AS A CONTRA LIABILITY IN BONDS AND NOTES PAYABLE AND WILL BE AMORTIZED OVER THE LIFE OF THE RESPECTIVE BONDS THE SERIES T-1 BONDS WERE REMARKETED WITH A PREMIUM TOTALING \$7,139,790 WHICH IS RECORDED IN BONDS AND NOTES PAYABLE THE PREMIUM WILL BE AMORTIZED USING THE EFFECTIVE INTEREST METHOD OVER THE LIFE OF THE RESPECTIVE BONDS PART I, LINE A, COLUMN (F) MHEFA SERIES R REFUNDED SERIES N BONDS WHICH WERE ISSUED JANUARY 23, 2003 PART I, LINE B, COLUMN (F) MHEFA SERIES T REFUNDED SERIES P BONDS WHICH WERE ISSUED JULY 18, 2007 PART I, LINE C, COLUMN (F) MHEFA SERIES Y (I) FINANCED THE CONSTRUCTION OF A DORMITORY, RENOVATIONS TO VARIOUS ACADEMIC AND ATHLETIC FACILITIES, AND MISCELLANEOUS FURNITURE AND EQUIPMENT ACQUISITIONS, AND (II) REFUNDED SERIES F, H, AND K BONDS WHICH WERE ISSUED JULY 6, 1999, JULY 9, 1998, AND JULY 11, 2000, RESPECTIVELY

Return Reference	Explanation
PART I, LINE D, COLUMN (F)	<p>MHEFA SERIES 2010 (A) REFUNDED SERIES I, Q, U, AND W * SERIES I BONDS WERE ISSUED MAY 26, 1999 TO FINANCE VARIOUS CAPITAL PROJECTS * SERIES Q BONDS WERE ISSUED MAY 28, 2008 FOR THE PURPOSE OF REFUNDING THE SERIES L BONDS WHICH WERE ISSUED JANUARY 25, 2001 TO FINANCE VARIOUS CAPITAL PROJECTS * SERIES U BONDS WERE ISSUED JULY 31, 2008 FOR THE PURPOSE OF REFUNDING THE SERIES M BONDS WHICH WERE ISSUED JULY 3, 2002 SERIES M BONDS WERE ISSUED FOR THE PURPOSE OF REFUNDING THE SERIES E BONDS WHICH WERE ISSUED APRIL 1992 * SERIES W BONDS WERE ISSUED DECEMBER 17, 2008 FOR THE PURPOSE OF REFUNDING THE SERIES G BONDS WHICH WERE ISSUED APRIL 1998 TO FINANCE VARIOUS CAPITAL PROJECTS PART I, LINE A, COLUMN (F) MDFA SERIES 2012 REFUNDED SERIES S BONDS WHICH WERE ISSUED MAY 22, 2008 PART I, LINE B, COLUMN (F) MDFA SERIES 2014A WERE ISSUED JANUARY 23, 2014 TO FINANCE VARIOUS CAPITAL PROJECTS PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE THE DIFFERENCE BETWEEN PART I, COLUMN E, ISSUE PRICE AND PART II, LINE 3, TOTAL PROCEEDS OF ISSUE IS DUE TO INVESTMENT EARNINGS PART II, LINE 9 - WORKING CAPITAL WORKING CAPITAL CONSISTS OF BOND PROCEEDS USED TO FINANCE TERMINATION PAYMENTS DUE TO SWAP COUNTERPARTIES PART IV, LINE 2C, COLUMN (A) - DATE REBATE CALCULATION WAS PERFORMED MHEFA SERIES R - JULY 16, 2015 PART IV, LINE 2C, COLUMN (B) - DATE REBATE CALCULATION WAS PERFORMED MHEFA SERIES T - JULY 16, 2015 PART IV, LINE 2C, COLUMN (C) - DATE REBATE CALCULATION WAS PERFORMED MHEFA SERIES Y - JULY 16, 2015 PART IV, LINE 2C, COLUMN (D) - DATE REBATE CALCULATION WAS PERFORMED MHEFA SERIES 2010A - JULY 16, 2015 PART IV, LINE 2C, COLUMN (A) - DATE REBATE CALCULATION WAS PERFORMED MDFA SERIES 2012 - JULY 16, 2015 PART IV, LINE 2C, COLUMN (B) - DATE REBATE CALCULATION WAS PERFORMED MDFA SERIES 2014A - JULY 16, 2015</p>

Return Reference	Explanation
PART IV, LINE 4 - HEDGE	<p>THE UNIVERSITY HAS ENTERED INTO AN INTEREST RATE SWAP AGREEMENT WITH AIG FOR BOND ISSUE MHEFA SERIES T TO MANAGE THE INTEREST COST AND VARIABLE RATE RISK ASSOCIATED WITH ITS OUTSTANDING DEBT. THE INTEREST RATE SWAP AGREEMENT WAS NOT IDENTIFIED ON THE BOOKS AND RECORDS OF THE ISSUER OR THE INSTITUTION AND WERE NOT IDENTIFIED TO BE TREATED AS A "QUALIFYING HEDGE" WITH RESPECT TO THE SERIES T BONDS. THE INTEREST RATE SWAP AGREEMENT WAS NOT ENTERED INTO FOR TRADING OR SPECULATIVE PURPOSES UNDER THE TERMS OF THE AGREEMENT, THE UNIVERSITY PAYS A FIXED RATE, DETERMINED AT INCEPTION, TO A THIRD PARTY WHO IN TURN PAYS THE UNIVERSITY A VARIABLE RATE ON THESE RESPECTIVE NOTIONAL PRINCIPAL AMOUNTS. THERE IS NO COLLATERAL POSTING REQUIREMENT FOR THE UNIVERSITY RELATED to the swap with aig</p>

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DLN: 93493132038087

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

NORTHEASTERN UNIVERSITY

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

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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 SERIES 2012	04-3431814	57583usro	09-13-2012	58,405,024	REFUND SERIES S		X		X		X
B MDFA Series 2014A	04-3431814	57583ua81	01-23-2014	152,658,416	CONSTRUCTION		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	742,938		118,847							
2	Amount of bonds legally defeased	0		0							
3	Total proceeds of issue	58,405,024		153,077,715							
4	Gross proceeds in reserve funds	0		0							
5	Capitalized interest from proceeds	0		0							
6	Proceeds in refunding escrows	0		0							
7	Issuance costs from proceeds	430,024		1,060,898							
8	Credit enhancement from proceeds	0		0							
9	Working capital expenditures from proceeds	0		0							
10	Capital expenditures from proceeds	0		128,615,557							
11	Other spent proceeds	57,975,000		0							
12	Other unspent proceeds	0		23,401,260							
13	Year of substantial completion										
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X			X						
15	Were the bonds issued as part of an advance refunding issue?		X		X						
16	Has the final allocation of proceeds been made?	X			X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	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				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V **Procedures To Undertake Corrective Action**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$						0						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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	59,997	NU EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization NORTHEASTERN UNIVERSITY	Employer identification number 04-1679980
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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	X	1	22,927	MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	48	771,516	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 ▶ (<u>EQUIPMENT</u>)	X	17	1,893,188	MARKET VALUE
26 Other ▶ (<u> </u>)				
27 Other ▶ (<u> </u>)				
28 Other ▶ (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0
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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?	30a	Yes	No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part 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)**

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number

04-1679980

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 know ledge 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 insight 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 shall be authorized to serve as alternates to the Executive Committee with full voting authority The Secretary shall be 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 Form 990, Part VI, Line 4 The University's Bylaws were amended in the following manner Members of the Board of Trustees and Officers of the Board of Trustees and the Corporation are now elected exclusively by the Board The Northeastern University Corporation will continue to elect members of the Corporation as recommended by the Board Form 990, Part VI, Line 7a The Chair of the Board of Trustees appoints one Trustee Emeritus or Emerita each year to serve as a voting member of the Board of Trustees</p>

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 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.

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 GOVERNING BOARD MEMBERS WHO SERVE ON STANDING COMMITTEES 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>

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 2015 ARE THE PRESIDENT, PROVOST AND SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS, SENIOR VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT, SENIOR VICE PRESIDENT AND CEO FOR NU GLOBAL NETWORK, SENIOR VICE PRESIDENT FOR FINANCE AND TREASURER, SENIOR VICE PRESIDENT FOR EXTERNAL AFFAIRS, AND SENIOR VICE PRESIDENT & GENERAL COUNSEL. OTHER POSITIONS INCLUDING, BUT NOT LIMITED TO, DEANS MAY BE INCLUDED EACH YEAR. THIS PROCESS EMBRACES THE BEST PRACTICES UTILIZED IN THE HIGHER EDUCATION INDUSTRY. IN 2015, A COMPETITIVE PAY ASSESSMENT WAS CONDUCTED BY A THIRD PARTY INDEPENDENT COMPENSATION CONSULTING FIRM, USING MULTIPLE MARKET REFERENCES, INCLUDING SURVEYS REPRESENTING SIMILAR UNIVERSITIES AND OTHER RELEVANT LABOR MARKETS (AS APPLICABLE FOR CERTAIN POSITIONS). THE ASSESSMENT IS BASED ON PEER REFERENCES THAT REFLECT OTHER UNIVERSITIES OF SIMILAR SIZE AND PROMINENCE WITH WHICH NORTHEASTERN COMPETES FOR EXECUTIVE TALENT. THE INDEPENDENT CONSULTANT ALSO PROVIDED ADDITIONAL PROPRIETARY COMPENSATION MARKET DATA AND AN ASSESSMENT OF THE REASONABLENESS OF THE DATA. THE COMPENSATION COMMITTEE CONSISTS OF THE CHAIRMAN OF THE BOARD OF TRUSTEES, ALSO SERVING AS THE CHAIR, ALONG WITH FIVE OTHER INDEPENDENT TRUSTEE MEMBERS. THIS COMMITTEE HAS CONTINUED TO ENGAGE TOWERS WATSON AS ITS INDEPENDENT COMPENSATION CONSULTANT, WITH THE EXPECTATION THAT ITS PROCESSES AND PROCEDURES WOULD CONTINUE TO EVOLVE TO REFLECT EMERGING BEST PRACTICES. THE COMPETITIVE PAY ASSESSMENT AND INDEPENDENT CONSULTANT REVIEW WERE PROVIDED TO THE PRESIDENT FOR HIS USE IN MAKING SALARY AND BONUS RECOMMENDATIONS TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR THE POSITIONS INCLUDED IN THE 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 ANNUAL PERFORMANCE ASSESSMENT PROCESS BASED ON PRE-DETERMINED GOALS AND OBJECTIVES. THE COMPENSATION COMMITTEE REVIEWED THE COMPETITIVE INFORMATION AND THE RESULTS OF THE PERFORMANCE ASSESSMENT PROCESS PRESENTED BY THE PRESIDENT, DISCUSSED POTENTIAL CHANGES, AND VOTED TO APPROVE THE FINAL RECOMMENDATIONS, WHICH WERE THEN PRESENTED TO THE FULL BOARD OF TRUSTEES. THE BOARD ALSO VOTED TO APPROVE THE RECOMMENDATIONS. THESE DISCUSSIONS AND RESULTING APPROVALS ARE DOCUMENTED IN THE MINUTES OF EACH MEETING. IN DETERMINING THE PRESIDENT'S COMPENSATION, 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 ASSESSMENT OF THE PRESIDENT, UTILIZING PRE-DETERMINED GOALS AND OBJECTIVES. THE COMMITTEE THEN DISCUSSED POTENTIAL CHANGES TO THE PRESIDENT'S COMPENSATION BASED ON THE MARKET DATA AND THE RESULTS OF THE PERFORMANCE 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.</p>

Return Reference	Explanation
Form 990, Part VI, Line 19	<p>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) STEVEN ZOLOTH, PROFESSOR, IS LISTED AS "FORMER" DUE TO PREVIOUSLY SERVING AS DEAN - BOUVE' COLLEGE DAVID LUZZI, PROFESSOR AND EXECUTIVE DIRECTOR, STRATEGIC SECURITY INITIATIVE MECHANICAL AND INDUSTRIAL ENGINEERING, IS LISTED AS "FORMER" DUE TO PREVIOUSLY SERVING AS DEAN - ENGINEERING HARRY LANE, PROFESSOR, IS LISTED AS "FORMER" DUE TO PREVIOUSLY SERVING AS ACTING DEAN JOHN H MCCARTHY, SENIOR ADVISOR TO THE PRESIDENT, IS LISTED AS "FORMER" DUE TO PREVIOUSLY SERVING AS SENIOR VICE PRESIDENT FOR ADMINISTRATION AND FINANCE</p>

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

Return Reference

Explanation

Form 990, Part XI, Line 9

SWAP ADJUSTMENT (\$25,269,000)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN UNIVERSITY

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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) Pnmary 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	2,247,635	16,756,062	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) George J Kostas Research Institute Suite 250 CP 360 Huntington Avenue Boston, MA 02115 46-5228806	Research Ctr	MA		68,000	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) NU Housing Corporation c/o NU 716 Columbus Ave Boston, MA 02120 26-0874402	Real Estate	MA	501(C)(3)	9	NORTHEASTERN	Yes	
(2) The Mass Green High Perf Computing Ctr 77 Mass Ave Cambrdige, MA 02139 27-3014805	Research Ctr	MA	501(C)(3)	11A-I	NA		No
(3) MGHPPC Holyoke Inc 77 Mass Ave CAMBRIDGE, MA 02139 45-2257442	RESEARCH CTR	MA	501(C)(3)	11A-I	NA		No

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

- | | |
|----------|---|
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |
| b | Gift, grant, or capital contribution to related organization(s) |
| c | Gift, grant, or capital contribution from related organization(s) |
| d | Loans or loan guarantees to or for related organization(s) |
| e | Loans or loan guarantees by related organization(s) |
| f | Dividends from related organization(s) |
| g | Sale of assets to related organization(s) |
| h | Purchase of assets from related organization(s) |
| i | Exchange of assets with related organization(s) |
| j | Lease of facilities, equipment, or other assets to related organization(s) |
| k | Lease of facilities, equipment, or other assets from related organization(s) |
| l | Performance of services or membership or fundraising solicitations for related organization(s)
. |
| m | Performance of services or membership or fundraising solicitations by related organization(s) |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) |
| o | Sharing of paid employees with related organization(s) |
| p | Reimbursement paid to related organization(s) for expenses |
| q | Reimbursement paid by related organization(s) for expenses |
| r | Other transfer of cash or property to related organization(s) |
| s | Other transfer of cash or property from related organization(s) |

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s	Yes	

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

[illegible]

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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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	23,562	221,099	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	